California Medi-Cal Dental Program

Denti-Cal Bulletin

VOLUME 21, NUMBER 01 P.O. BOX 15609 SACRAMENTO, CALIFORNIA 95852-0609 JANUARY 2005

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) TRANSACTIONS AND CODE SETS UPDATES

Standard Codes for Transactions

Denti-Cal is moving forward with the changes to comply with the Health Insurance Portability and Accountability Act (HIPAA). To accomplish this, Denti-Cal is adopting Current Dental Terminology Version 4 (CDT-4) standard procedure codes for both paper and electronic transactions. Denti-Cal is targeting October 1, 2005 for implementation of CDT-4 codes, with additional specifics provided in future bulletins as implementation draws near. With the change to CDT-4 codes there will also be changes to the current Denti-Cal manual of criteria. The criteria and program changes will be addressed in future provider training seminars, workshops, bulletins, Denti-Cal Provider Manual updates, and websites. Ongoing detailed instructions and implementation schedules related to the HIPAA transactions and code sets acceptance will be noted in forthcoming bulletins. *It is very important to review and retain all monthly bulletins to keep informed of future implementation details.*

Electronic Data Interchange (EDI) Claim Format, Companion Guide and Certification Process

Denti-Cal is now able to accept the newer Version 4010 format for claims (ASC X12N 837), claim status (ASC X12N 276), and claim status response transaction sets (ASC X12N 277) from certified trading partners. EDI trading partners must be certified for the 4010 format before any claim data will be accepted by Denti-Cal. While Denti-Cal will eventually drop the current claim data format (ASC X12 Version 3030), it will continue to be accepted until further notice.

This is in reference to data format only, not data content. Current Dental Terminology (CDT) codes cannot be accepted by Denti-Cal and will continue to be invalid until such time as Denti-Cal implements this coding standard.

The Denti-Cal EDI Companion Guide has been finalized and provided to clearinghouses and providers who submit electronic claims directly to Denti-Cal. Several have initiated or are nearing completion of testing, at which time they are being advised of the X12 Version 4010 certification process that has been developed. Clearinghouses and providers submitting directly are required to undergo certification for the 4010 format. Providers who submit claims electronically through clearinghouses will not be required to undergo certification individually. They should, however, check with their clearinghouse to verify that certification has been obtained from Denti-Cal.

If you would like a copy of the Denti-Cal EDI Companion Guide, contact Provider Services toll free at (800) 423-0507 or call (916) 853-7373 and ask for EDI Support. Requests may also be sent by email to denti-caledi@delta.org.

What Should Providers Be Doing?

- ✓ *Preparing to submit claims using CDT-4 codes effective October 1, 2005.*
- ✓ *Providers must continue to follow existing billing instructions until otherwise notified through future bulletin updates.*
- ✓ *CDT codes are not currently accepted by Denti-Cal and are considered invalid.*
- ✓ *Any claim service line (CSL) submitted with an invalid procedure code or a blank procedure code field will be denied, whether submitted electronically or as paper documents.*
- ✓ *Providers should review all monthly bulletins for updates on future CDT-4 implementation details.*

Frequently Asked Questions

For additional information regarding HIPAA, please refer to the following websites:

- www.medi-cal.ca.gov (Medi-Cal website)
- www.dhs.cahwnet.gov/hipaa (Department of Health Services, Office of HIPAA Compliance)
- http://aspe.hhs.gov/admnsimp/index.shtml (Department of Health and Human Services)

Direct emails to: DentiCal_HIPAA@delta.org. All emails will be responded to as quickly as possible.

California Medi-Cal Dental Program

Denti-Cal Bulletin

VOLUME 21, NUMBER 02 P.O. BOX 15609 SACRAMENTO, CALIFORNIA 95852-0609 JANUARY 2005

DENTI-CAL'S INTERACTIVE VOICE RESPONSE (IVR) SYSTEM HAS BEEN ENHANCED

Denti-Cal's Interactive Voice Response (IVR) System has been enhanced to allow providers to check history and billing criteria for the following restoration procedures: 600 (One Surface, Primary Tooth); 601 (Two Surfaces, Primary Tooth); 602 (Three Surfaces, Primary Tooth); 603 (Four or More Surfaces, Primary Tooth (Maximum)); 611 (One Surface, Permanent Tooth); 612 (Two Surfaces, Permanent Tooth); 613 (Three Surfaces, Permanent Tooth); 614 (Four or More Surfaces, Permanent Tooth (Maximum)); 645 (Composite or Plastic Restoration); 646 (Composite or Plastic Restorations, Two or More in a Single Tooth (Maximum)); 670 (Crown, Stainless Steel, Primary); and 671 (Crown, Stainless Steel, Permanent).

Provider Toll-Free Menu Options: (800) 423-0507

Press 1

Patient History, Claim/TAR Status, Financial Information

Accessible Monday-Friday, 6:00 a.m. – 5:30 p.m. and Saturday 8:00 a.m. – 12:00 p.m. PST

Enter Provider ID

Patient History – 1
For History on Restorations – 1
Most Recent 12-month History – 1
Enter:
- 3-digit procedure code

Specific Tooth Number or Letter – 2
For all other History Inquiries – 2

Claim/TAR Status – 2
Enter:
- Patient's Social Security Number
- Patient's year of birth (last two digits of the birth year)

Financial Information – 3
Enter:
- 6-digit PIN (personal identification number)

Press 2

General Program Information

Accessible 24 hours a day, seven days per week (This option does *not* require provider identification)

Seminar Schedules – 1
Enter:
- Your 5-digit zip code

Enrollment Information – 2

Forms by FAX – 3
Forms available are:
- Forms Reorder Request,
- Justification of Need for Prosthesis,
- Periodontal Chart,
- Denti-Cal Enrollment Forms,
- Electronic Data Interchange (EDI) Applications.

Billing Criteria – 4

Monthly News Flash - 5

Press 3

Denti-Cal Enrollment Status

Accessible by speaking with Customer Service Representatives, Monday-Friday, 8:00 a.m. – 5:00 p.m. PST

Denti-Cal Enrollment Status – 3
Enter:
- Your Social Security or Tax Identification Number.

California Children Services (CCS)
or
Genetically Handicapped Persons Program (GHPP)
for a Customer Service Representative – 0

California Medi-Cal Dental Program

Denti-Cal Bulletin

VOLUME 21, NUMBER 03 P.O. BOX 15609 SACRAMENTO, CALIFORNIA 95852-0609 JANUARY 2005

CORRECTION OF PAYMENT FOR DENIED CHILDREN'S TREATMENT PROGRAM (CTP) CLAIMS

In 2004 some dental offices providing services to beneficiaries of the Children's Treatment Program (CTP) had claims fully or partially denied. These denials occurred when a beneficiary had a limited scope aid code, an aid code with Share of Cost (SOC), or a claim with PM-160 attached without a 94 identification number. Some of these denials arose because the claims processing system was unable to pay for a CTP beneficiary in a limited scope aid code or SOC.

The revised system is now able to accommodate payment for limited aid codes and aid codes with a SOC. Claims without a 94 identification number may also be reprocessed. Providers who submit claims for CTP beneficiaries must be aware of the following:

- The beneficiary must have a BIC card or a paper immediate eligibility document, and the office must verify eligibility at each visit. (The PM 160 form is insufficient documentation for eligibility. Please see Denti-Cal Bulletin Volume 20, Number 18, released in June 2004, for additional clarification.)
- Claims submitted with a PM 160 form (for Medi-Cal limited scope beneficiaries) will be processed under limited scope aid code first. Any procedure that is not a benefit under the limited scope aid code will be processed under CTP (e.g. prophylaxes). Any procedures submitted for a beneficiary with an unmet SOC will be paid under CTP.
- Emergency certification submission requirements are applicable to specific limited scope aid codes. (Please see Denti-Cal Bulletin Volume 19, Number 26, released in August 2003 for additional clarification.)
- With system changes now in place, a Claim Inquiry Form (CIF) may be submitted to have these denied services readjudicated. A copy of the PM 160 form and any needed supporting documentation such as x-rays must accompany the CIF.
- Denti-Cal will override the time limitation on the CIFs submitted for this CTP readjudication, allowing a total of ten months from initial denial as noted on the Explanation of Benefits (EOB).

CAST METAL DOWEL POST

Providers are reminded that cast or preformed posts are benefits when necessary for retention of covered crowns in endodontically treated devitalized teeth only. A cast or preformed post shall be a benefit for permanent teeth *only* when a prefabricated crown or laboratory-processed crown has been paid or authorized by the Medi-Cal Dental Program and the tooth has been successfully treated endodontically.

For additional information, please call Denti-Cal toll-free at (800) 423-0507.

California Medi-Cal Dental Program

Denti-Cal Bulletin

VOLUME 21, NUMBER 04 P.O. BOX 15609 SACRAMENTO, CALIFORNIA 95852-0609 JANUARY 2005

COMING SOON! NEW MEDI-CAL BENEFITS IDENTIFICATION CARD (BIC) NUMBERS

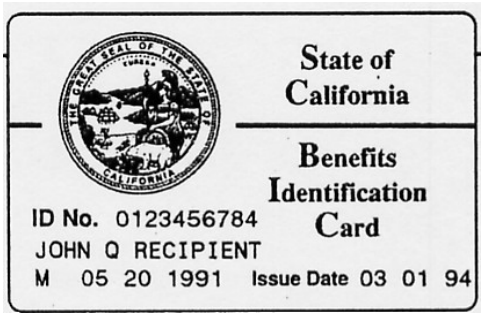
Starting in January 2005, Medi-Cal will issue new BICs with a 14-character alphanumeric identification (ID) number. The new cards will be phased in statewide. Current BICs have either a 10-character numeric or a 10-character alphanumeric ID number.

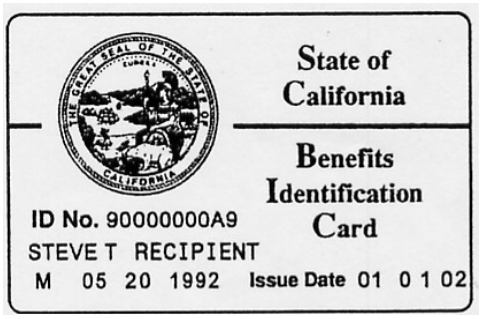
The new BIC has a 14-character alphanumeric comprised of a nine-character alphanumeric, a check digit and a four-digit Julian date matching the issue date of the BIC. The new ID will be processed the same way as the 10-character alphanumeric BIC ID. Once these cards are distributed statewide, the 10-digit ID numbers will be phased out.

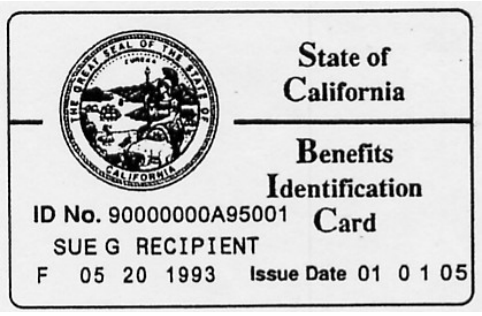
Current billing and eligibility verification practices are not affected at this time.

Note: Providers are responsible for verifying the beneficiary's identity and eligibility for services. Eligibility should be verified using the information from the BIC ID prior to rendering services. For assistance with obtaining eligibility information, please call the Automatic Eligibility Verification System (AEVS) Help Desk at (800) 456-2387. For assistance with the Point of Service (POS) device or the Medi-Cal web site, call the POS/Internet Help Desk at (800) 541-5555.

A variety of methods allow providers to verify beneficiary eligibility. For additional information regarding the Medi-Cal Benefits Identification Card, please refer to Section 2 of the *Denti-Cal Provider Manual* or phone (800) 423-0507.







The BIC illustrations are all valid ID versions.

- All numeric, 10 characters: 0123456784
- Alphanumeric, 10 characters: 90000000A9
- Alphanumeric, 14 character *(new)*: 90000000A95001

If there are any questions, please call Denti-Cal toll-free at (800) 423-0507.

California Medi-Cal Dental Program

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VOLUME 21, NUMBER 5 P.O. BOX 15609 SACRAMENTO, CALIFORNIA 95852-0609 FEBRUARY 2005

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) TRANSACTIONS AND CODE SETS UPDATES

What Should Providers Be Doing?

- ✓ *Preparing to submit claims using CDT-4 codes effective October 1, 2005.*
- ✓ *Providers must continue to follow existing billing instructions until otherwise notified through future bulletin updates.*
- ✓ *CDT codes are not currently accepted by Denti-Cal and are considered invalid.*
- ✓ *Any claim service line (CSL) submitted with an invalid procedure code or a blank procedure code field will be denied, whether submitted electronically or as paper documents.*
- ✓ *Providers should review all monthly bulletins for updates on future CDT-4 implementation details.*

Standard Codes for Transactions

Denti-Cal is moving forward with the changes to comply with the Health Insurance Portability and Accountability Act (HIPAA). To accomplish this, Denti-Cal is adopting Current Dental Terminology Version 4 (CDT-4) standard procedure codes for both paper and electronic transactions. Denti-Cal is targeting October 1, 2005 for implementation of CDT-4 codes, with additional specifics provided in future bulletins as implementation draws near. ***A CDT-5 version (with minimal changes) will be implemented soon after CDT-4. It is important to note that the October 1, 2005 implementation date is for CDT-4 only.*** With the change to CDT-4 codes there will also be changes to the current Denti-Cal manual of criteria. The criteria and program changes will be addressed in future provider training seminars, workshops, bulletins, Denti-Cal Provider Manual updates, and Web sites. Ongoing detailed instructions and implementation schedules related to the HIPAA transactions and code sets acceptance will be noted in forthcoming bulletins. *It is very important to review and retain all monthly bulletins to keep informed of future implementation details.*

Electronic Data Interchange (EDI) Claim Format, Companion Guide and Certification Process

Denti-Cal is now able to accept the newer Version 4010A1 format for claims (ASC X12N 837), claim status (ASC X12N 276), and claim status response transaction sets (ASC X12N 277) from certified trading partners. EDI trading partners must be certified for the 4010A1 format before any claim data will be accepted. ***Denti-Cal will discontinue the current claim data format (ASC X12 Version 3030), effective June 1, 2005.*** EDI clearinghouses have been notified of this date.

This is in reference to data format only, not data content. Current Dental Terminology (CDT) codes cannot be accepted by Denti-Cal and will continue to be invalid until such time as Denti-Cal implements this coding standard.

The Denti-Cal EDI Companion Guide has been finalized and provided to clearinghouses and providers who submit electronic claims directly to Denti-Cal. Several have initiated or are nearing completion of testing, at which time they are being advised of the X12 Version 4010A1 certification process that has been developed. Clearinghouses and providers submitting directly are required to undergo certification for the 4010A1 format. ***After the target date of June 1, 2005, electronic documents will not be accepted from those who have not been certified for the 4010A1 format.*** Providers who submit claims electronically through clearinghouses will not be required to individually undergo certification. They should, however, check with the clearinghouse to verify that certification has been obtained from Denti-Cal.

If you would like a copy of the Denti-Cal EDI Companion Guide, contact Provider Services toll free at (800) 423-0507 or call (916) 853-7373 and ask for EDI Support. Requests may also be sent by email to denti-caledi@delta.org.

Frequently Asked Questions

For additional information regarding HIPAA, please refer to the following Web sites:

- www.medi-cal.ca.gov (Medi-Cal Web site)
- www.dhs.cahwnet.gov/hipaa (Department of Health Services, Office of HIPAA Compliance)
- http://aspe.hhs.gov/admnsimp/index.shtml (Department of Health and Human Services)

Direct emails to: DentiCal_HIPAA@delta.org. All emails will be responded to as quickly as possible.

California Medi-Cal Dental Program

Denti-Cal Bulletin

VOLUME 21, NUMBER 6 P.O. BOX 15609 SACRAMENTO, CALIFORNIA 95852-0609 FEBRUARY 2005

THE MEDI-CAL DENTAL CRITERIA FOR ORAL PROPHYLAXIS

This bulletin is intended to clarify existing Denti-Cal policy with respect to oral prophylaxis.

The Manual of Criteria for Medi-Cal Authorization (Dental Services) states: "Oral prophylaxis means the preventive dental procedure of scaling and polishing, which includes complete removal of calculus, soft deposits, plaque, stains, and smoothing of unattached tooth surfaces. The object of the treatment is the creation of an environment in which hard and soft tissues can be maintained in good health by the patient."

"Unattached tooth surfaces" refers to those tooth surfaces that are not attached to soft tissue by means of a connective tissue attachment, i.e., the periodontal ligament, or an epithelial attachment. These unattached tooth surfaces comprise the "clinical crown." Denti-Cal's criteria for oral prophylaxis focus on the clinical outcome, i.e., the creation of an environment in which hard and soft tissues can be maintained in good health by the patient, and do not prescribe a specific method.

According to the American Academy of Pediatric Dentistry's (AAPD) *Clinical Guideline on the Role of Dental Prophylaxis in Pediatric Dentistry*, among children, there are several indications for an oral prophylaxis, including:

- Removal of plaque, stain and calculus
- Elimination of factors that influence the build-up and retention of plaque
- Demonstration of proper oral hygiene methods to the patient/caregiver
- Facilitation of a thorough clinical examination
- Introduction of the child to dental procedures

The type of professional prophylaxis recommended is based on an individual patient's risk assessment for caries and periodontal disease. A prophylaxis can be performed using gauze, cloth, toothbrush, or rubber cup on the incisors of an infant only. Once the molars have begun to erupt, manual or power toothbrush, rubber cup, and/or hand instruments, followed by site-specific flossing, may be used. (See American Academy of Pediatric Dentistry. Clinical Guideline on the Role of Dental Prophylaxis in Pediatric Dentistry. Pediatric Dentistry 2003;25(7):64-66. Available at www.aapd.org/members/referencemanual/pdfs/02-03/G_Prophylaxis.pdf.). The AAPD *Clinical Guideline* contains a table indicating the benefits of different prophylaxis options, as well as a decision tree indicating the prophylaxis options dictated by different degrees of risk for caries/periodontal disease.

There are increasing efforts in California and nationally to promote fluoride varnish applications for young children, who often cannot tolerate other topical fluoride formulations, by both

medical and dental providers. Currently, Denti-Cal will reimburse for a fluoride varnish application the same as any other topical fluoride application, however, Denti-Cal requires that a topical fluoride application be accompanied by a prophylaxis. Because not all young children have calculus or staining that would require the use of hand instruments and/or a rubber cup, a toothbrush may be all that is needed for plaque removal. Use of a toothbrush for this purpose is often referred to as a "toothbrush prophylaxis." Therefore, until such time as Denti-Cal implements *Current Dental Terminology* (CDT) procedure codes and there is a separate code for topical fluoride application, Denti-Cal will accept any professionally accepted clinical technique, including a "toothbrush prophylaxis," when used appropriately, that satisfies the Denti-Cal criteria for oral prophylaxis. Any such prophylaxis, whether provided as a separate procedure (Procedures 049 and 050) or in conjunction with a topical fluoride application (Procedures 061 and 062), may be billed to the Medi-Cal Dental Program as an oral prophylaxis.

California Medi-Cal Dental Program

Denti-Cal Bulletin

VOLUME 21, NUMBER 7 P.O. BOX 15609 SACRAMENTO, CALIFORNIA 95852-0609 FEBRUARY 2005

COUNTY MEDICAL SERVICES PROGRAM (CMSP) ADDITION TO SCOPE OF BENEFITS FOR DENTAL SERVICES

Effective for dates of service on or after July 1, 2004, Procedures 721 (Reline-Office, Cold Cure) and 722 (Reline-Laboratory Processed) have been added to the scope of benefits for all CMSP beneficiaries with Aid Codes 8F, 84, 85, 88, and 89. CMSP beneficiaries with Aid Code 50 are *not* eligible for these procedures. (Please see Section 4 of the *Denti-Cal Provider Manual* for a complete description of all procedures.)

Denti-Cal is making changes to allow for Procedures 721 and 722, and providers will be notified when these modifications are complete.

DENTI-CAL WEB SITE

The Denti-Cal Web site, www.denti-cal.dhs.ca.gov, is now available for use 24 hours a day, seven days a week.

The Web site is designed to provide access to Denti-Cal bulletins, the Denti-Cal Provider Manual, regulations, and forms for enrolling in the Medi-Cal Dental Program. Denti-Cal providers also have access to telephone numbers and seminar information. In addition, this Web site provides links to other sites with useful and related information.

Using the Denti-Cal Web site is easy. Providers need Internet access and, preferably, the latest version of Microsoft Internet Explorer or Netscape Navigator. Adobe Acrobat®, necessary in order to use the information on the Web site, is available at the Web site toolbox link.

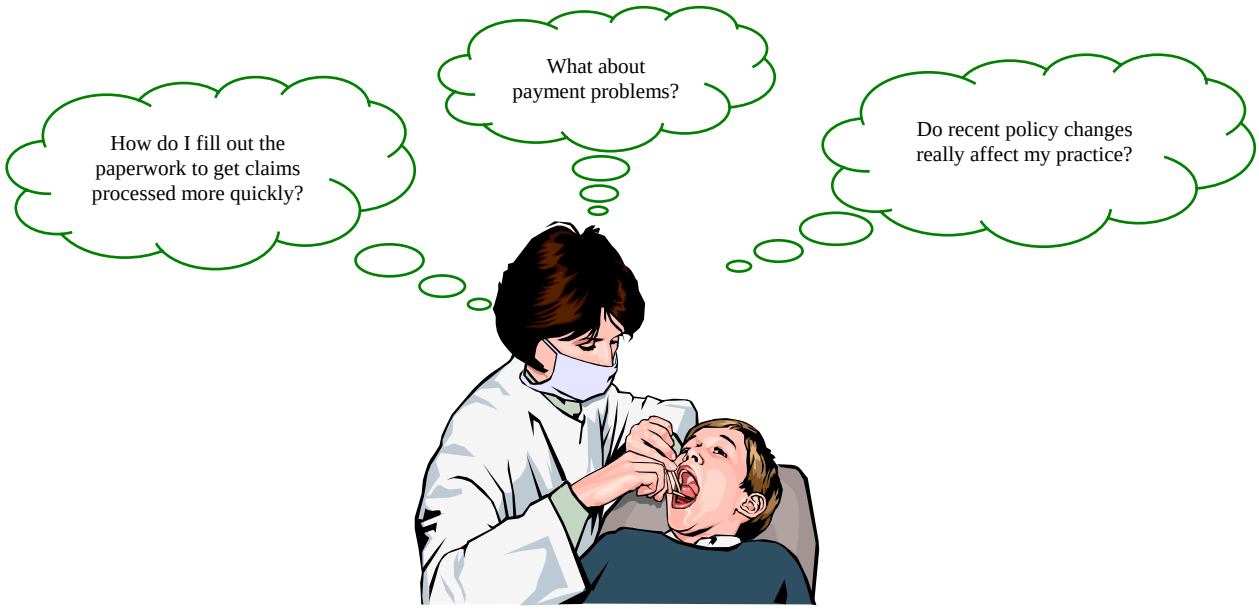
For additional information, please call Denti-Cal toll-free at (800) 423-0507.

California Medi-Cal Dental Program

Denti-Cal Bulletin

VOLUME 21, NUMBER 8 P.O. BOX 15609 SACRAMENTO, CALIFORNIA 95852-0609 FEBRUARY 2005

SEMINAR SCHEDULE FOR SECOND QUARTER, 2005



Basic Seminars

- Introduction to California Medi-Cal Dental Program
- Enrollment and Eligibility
- Proper Billing Procedures

Workshops

- Enrollment and Eligibility
- Criteria and Current Changes
- Hands-On Forms Completion
- HIPAA Informational Updates

Advanced Seminars

- Criteria Presented *by* a Dentist *for* Dentists and Staff
- View Actual Treatment Slides

Orthodontic Seminars

- Designed for Denti-Cal providers who limit their practices to orthodontics only
- Comprehensive information on certification, enrollment, billing procedures and criteria

ABOUT THE SEMINARS AND WORKSHOPS

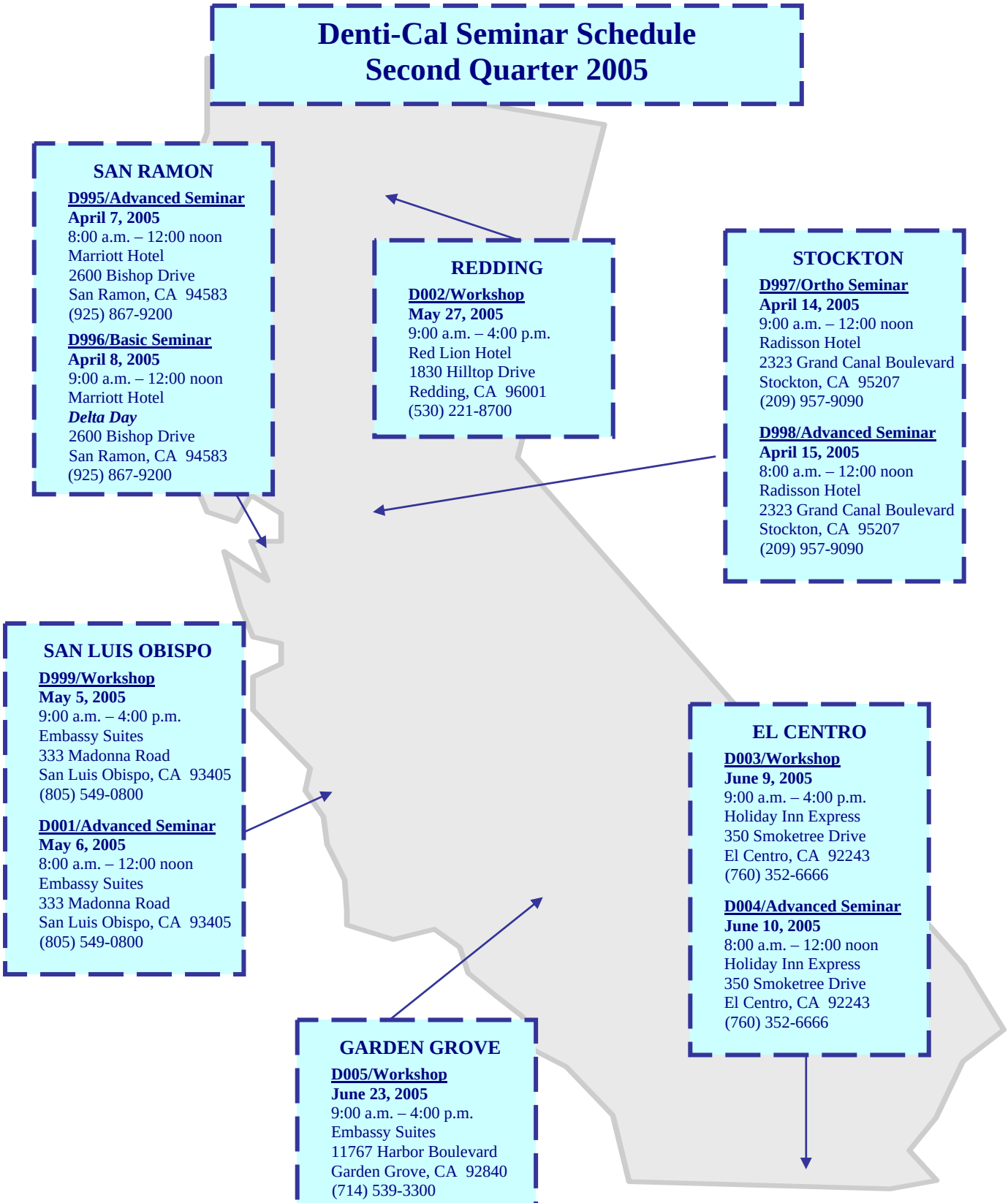
- ✓ Seminars and workshops are offered *free of charge*.
- ✓ Sessions begin *on time*, so arrive early.
- ✓ Bring your updated *Denti-Cal Provider Manual* to get the most from the training.
- ✓ Audio/video recording is not allowed.
- ✓ Billing information is subject to change.
- ✓ Reservations ensure that a space is available for you! Likewise, please let us know if you are unable to attend.
- ✓ Continuing education credits are available:

Basic Seminars	3 CE credits
Advanced Seminars	4 CE credits
Workshops	6 CE credits
Ortho Seminars	3 CE credits

- ✓ Some facilities may charge for parking.
- ✓ The use of cell phones during the seminar is strongly discouraged. If you must be available for calls, please be courteous and set the ringer on vibrate.

For additional information, questions and to register, please phone Denti-Cal toll free at 800/423-0507.

Denti-Cal Seminar Schedule
Second Quarter 2005



SAN RAMON

D995/Advanced Seminar
April 7, 2005
8:00 a.m. – 12:00 noon
Marriott Hotel
2600 Bishop Drive
San Ramon, CA 94583
(925) 867-9200

D996/Basic Seminar
April 8, 2005
9:00 a.m. – 12:00 noon
Marriott Hotel
Delta Day
2600 Bishop Drive
San Ramon, CA 94583
(925) 867-9200

REDDING

D002/Workshop
May 27, 2005
9:00 a.m. – 4:00 p.m.
Red Lion Hotel
1830 Hilltop Drive
Redding, CA 96001
(530) 221-8700

STOCKTON

D997/Ortho Seminar
April 14, 2005
9:00 a.m. – 12:00 noon
Radisson Hotel
2323 Grand Canal Boulevard
Stockton, CA 95207
(209) 957-9090

D998/Advanced Seminar
April 15, 2005
8:00 a.m. – 12:00 noon
Radisson Hotel
2323 Grand Canal Boulevard
Stockton, CA 95207
(209) 957-9090

SAN LUIS OBISPO

D999/Workshop
May 5, 2005
9:00 a.m. – 4:00 p.m.
Embassy Suites
333 Madonna Road
San Luis Obispo, CA 93405
(805) 549-0800

D001/Advanced Seminar
May 6, 2005
8:00 a.m. – 12:00 noon
Embassy Suites
333 Madonna Road
San Luis Obispo, CA 93405
(805) 549-0800

EL CENTRO

D003/Workshop
June 9, 2005
9:00 a.m. – 4:00 p.m.
Holiday Inn Express
350 Smoketree Drive
El Centro, CA 92243
(760) 352-6666

D004/Advanced Seminar
June 10, 2005
8:00 a.m. – 12:00 noon
Holiday Inn Express
350 Smoketree Drive
El Centro, CA 92243
(760) 352-6666

GARDEN GROVE

D005/Workshop
June 23, 2005
9:00 a.m. – 4:00 p.m.
Embassy Suites
11767 Harbor Boulevard
Garden Grove, CA 92840
(714) 539-3300

D006/Advanced Seminar
June 24, 2005
8:00 a.m. – 12:00 noon
Embassy Suites
11767 Harbor Boulevard
Garden Grove, CA 92840
(714) 539-3300

DENTI-CAL PROVIDER TRAINING SEMINAR RESERVATION FORM

TYPE OF SEMINAR:

☐ Basic Seminar
(Seminar Code Number:_____)

☐ Workshop
(Seminar Code Number:_____)

☐ Advanced Seminar
(Seminar Code Number:_____)

☐ Ortho Seminar
(Seminar Code Number:_____**)**

Seating for all seminars is limited, so reserve your place today by returning this reservation form in the enclosed envelope to Denti-Cal. Be sure to include the seminar code number and indicate the names of staff who will be attending. Denti-Cal is unable to confirm your reservation by mail, so be sure to note the date and time on your calendar. ***To help us keep administrative costs down and continue to offer you free educational seminars, we request that you notify us in the event you need to cancel your reservation.***

PLEASE TYPE OR PRINT CLEARLY

Yes, I/my office staff wish to attend the Denti-Cal provider training seminar(s) indicated above. The name(s) of the person(s) attending are:

1._____ 4._____

2._____ 5._____

3._____ 6._____

In the area below, please type or print the dentist's name and office address:

_____ Provider No.:_____

_____

_____ Phone No.:_____

California Medi-Cal Dental Program

Denti-Cal Bulletin

VOLUME 21, NUMBER 9 P.O. BOX 15609 SACRAMENTO, CALIFORNIA 95852-0609 FEBRUARY 2005

Learn About Electronic Claims Submission!

ELECTRONIC DATA INTERCHANGE SEMINARS
2nd Quarter Schedule

Electronic Data Interchange (EDI) seminars provide a general introduction to electronic claims submission and helpful tips for offices currently submitting claims electronically. These *FREE* presentations cover the advantages of EDI, how electronic claims are processed, how to best utilize electronic reports and other practical hints.

Second Quarter 2005 Seminar Schedule

DATE	CITY	TIME	LOCATION/PHONE NUMBER
April 8	San Ramon	1:15 p.m. to 4:15 p.m.	San Ramon Marriott 2600 Bishop Drive (925) 867-9200
June 24	Rancho Cordova	9:00 a.m. to noon	Marriott Hotel 11211 Point East Drive (916) 638-1100

Seating is limited.
For reservations, please call Denti-Cal toll-free at (800) 423-0507.

Continuing education credits from the Academy of General Dentistry are available.

California Medi-Cal Dental Program

Denti-Cal Bulletin

VOLUME 21, NUMBER 10 P.O. BOX 15609 SACRAMENTO, CALIFORNIA 95852-0609 MARCH 2005

UPDATE! HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) TRANSACTIONS AND CODE SETS

What's New?

- ✓ Provider training sessions for CDT-4 and associated criteria will be scheduled two months prior to the October 1, 2005 implementation. Look for more information in an upcoming bulletin.
- ✓ To translate/convert from local codes to CDT-4 procedure codes, a tool (i.e., a crosswalk) is being developed, and will be made available in the second quarter of 2005.
- ✓ Look for a survey in an upcoming provider payment envelope. Answering those specific questions will ensure a smooth transition. Let your voice be heard!
- ✓ Electronic Data Interchange (EDI) providers should pay specific attention to the EDI box below.

Electronic Data Interchange (EDI) Claim Format, Companion Guide and Certification Process

Denti-Cal is now able to accept the newer Version 4010A1 format for claims (ASC X12N 837) and claim status (ASC X12N 276) from certified trading partners.

A copy of the Denti-Cal EDI Companion Guide, as well as the Trading Partner Agreement, can be obtained by contacting Provider Services toll free at (800) 423-0507, or calling (916) 853-7373 and asking for EDI Support. Requests may also be sent by e-mail to denti-caledi@delta.org.

The requirement for the Medi-Cal Dental Telecommunications Provider and Biller Application/ Agreement (hereinafter "Trading Partner Agreement") applies to ALL who submit claims and Treatment Authorization Requests (TARs) electronically, including those who utilize a clearinghouse. ***If you fail to submit the required Trading Partner Agreement, you will no longer be allowed to continue to submit EDI.*** If you utilize a clearinghouse to submit electronically, the clearinghouse will be unable to submit electronically on your behalf, if you have not submitted a Trading Partner Agreement. To avoid disruption to your EDI process, please sign the required Trading Partner Agreement.

EDI trading partners must be certified by Denti-Cal for the 4010A1 format before any claim data will be accepted. Providers who submit claims electronically through clearinghouses will not be required to individually undergo certification. Electronic claims will only be accepted from certified clearinghouses.

Both requirements, the Trading Partner Agreement and certification, if applicable, must be met in order to continue to submit electronically.

Important Reminders!

- Current Dental Terminology Version 4 (CDT-4) will be required for paper *and* electronic transactions.
- Changes to the Manual of Criteria will be implemented in conjunction with the CDT-4 codes.
- Scheduled implementation date is October 1, 2005.
- ***CDT-5 will be implemented shortly after CDT-4 and will have minimal changes.***
- Remember to review and retain all monthly Denti-Cal bulletins to remain on top of these important implementation details.

What Should Providers Be Doing?

- Prepare to submit claims using CDT-4 codes effective October 1, 2005.
- Continue to follow existing billing instructions until otherwise notified through future bulletin updates.
- CDT codes are not currently accepted by Denti-Cal and are considered invalid. Sufficient notification will be made prior to the transition to CDT-4 codes.
- Any claim service line (CSL) submitted with an invalid procedure code or a blank procedure code field will be denied, whether submitted electronically or as paper documents.
- Providers should review all monthly bulletins for updates on future CDT-4 implementation details.

For additional information regarding HIPAA, please refer to the following Web sites:

- ✓ www.medi-cal.ca.gov (Medi-Cal Web site)
- ✓ www.dhs.cahwnet.gov/hipaa (Department of Health Services, Office of HIPAA Compliance)
- ✓ http://aspe.hhs.gov/admnsimp/index.shtml (Department of Health and Human Services)

Direct emails to: DentiCal_HIPAA@delta.org. All emails will be responded to as quickly as possible.

California Medi-Cal Dental Program

Denti-Cal Bulletin

VOLUME 21, NUMBER 11 P.O. BOX 15609 SACRAMENTO, CALIFORNIA 95852-0609 MARCH 2005

MEDI-CAL DISCLOSURE STATEMENT (DHS 6207) AND PROVIDER AGREEMENT (DHS 6208)

Effective May 2, 2005, the California Medi-Cal Dental Program (Denti-Cal) is replacing the existing Medi-Cal Provider Disclosure Statement of Significant Beneficial Interests (DC-013) form with the Medi-Cal Disclosure Statement (DHS 6207). In addition, the Medi-Cal Provider Agreement (DHS 6208) form will also be required.

A new complete application package shall be required *only* for new applicants, *or* for existing providers requesting a change in current enrollment status. A complete application package consists of a Medi-Cal Dental Provider Number Request (DC-005) form, DHS 6207, DHS 6208, and all other required documents.

All applicants are required to complete and submit a DHS 6207 pursuant to Title 22, §51000.35. An applicant, or provider, shall disclose on the DHS 6207 all the information required by 42, Code of Federal Regulations, §455.104, 455.105, and 455.106. Pursuant to Title 22, §51000.45, an applicant, or provider, shall complete and submit a DHS 6208 as part of a complete application package for enrollment.

If there are any questions, please call Denti-Cal toll-free at (800) 423-0507.

California Medi-Cal Dental Program

Denti-Cal Bulletin

VOLUME 21, NUMBER 12 P.O. BOX 15609 SACRAMENTO, CALIFORNIA 95852-0609 MARCH 2005

CERTAIN DENTI-CAL FORMS ARE NO LONGER AVAILABLE

Due to changes in technology, the following claims and Treatment Authorization Request (TAR) forms will no longer be available: DC-001A, DC-001B, DC-001C, DC-001D. It is rapidly becoming impossible for these forms, with attached X-ray envelopes, to be imprinted and still meet the requirements of the now-automated U.S. Postal Service. As of April 15, 2005, Denti-Cal's forms warehouse has been instructed to no longer fill inventory for these forms.

Denti-Cal encourages providers to destroy any inventory of the outdated forms and ensure that the office has sufficient quantity of the following alternative forms.

To assist in placing an inventory order, please find attached a Forms Reorder Request Form. This form has both the mailing address and the fax number for Denti-Cal's forms warehouse, providing two ways to order inventory. Please be reminded that turnaround time for orders can be as much as three weeks.

- DC-002A, No Carbon Required (NCR) Claim; and DC-002B, NCR TAR
- DC-009A, Continuous Claim; and DC-009B, Continuous TAR
- DC-017A, Laser Claim; and DC-017B, Laser TAR

Also, be sure to have enough envelopes. The three listed in the first group below are for mailing required documentation to Denti-Cal. The four listed in the second group are to be used only for X-rays.

Envelopes for mailing claims and TARs to Denti-Cal are:

- DC-006A, Large Envelope to Mail Claims
- DC-006B, Large Envelope to Mail TARs
- DC-007, # 10 Envelope for Correspondence

Envelopes specifically used for X-rays are:

- DC-014A, Large Envelope to send X-rays with Claims
- DC-014B, Large Envelope to Send X-rays with TARs
- DC-014C, Small Envelope to Send X-rays with Claims
- DC-014D, Small Envelope to Send X-rays with TARs

If there are any questions, please call Denti-Cal toll-free at (800) 423-0507.

California Medi-Cal Dental Program

Denti-Cal Bulletin

VOLUME 21, NUMBER 13 P.O. BOX 15609 SACRAMENTO, CALIFORNIA 95852-0609 MARCH 2005

ENROLLMENT REQUIREMENTS/POSSIBLE SUSPENSION FOR RENDERING PROVIDERS

The California Medi-Cal Dental Program (Denti-Cal) requires that all providers be enrolled in the Medi-Cal Dental Program prior to treating Denti-Cal beneficiaries.

If an unenrolled rendering provider performs services on a Denti-Cal beneficiary, payment for those services billed will be denied. **It is the responsibility of the Medi-Cal Dental Program billing provider to enroll all rendering providers in each service office prior to treating Denti-Cal beneficiaries.**

Billing providers who submit claims for services provided by a rendering provider suspended from participation in the Medi-Cal Dental Program are also subject to suspension from the Program.

Welfare and Institutions (W&I) Code, Section 14043.61(a) states that "a provider shall be subject to suspension if claims for payment are submitted under any provider number used by the provider to obtain reimbursement from the Medi-Cal program for the services, goods, supplies, or merchandise provided, directly, or indirectly, to a Medi-Cal beneficiary, by an individual or entity that is suspended, excluded, or otherwise ineligible because of a sanction to receive, directly or indirectly, reimbursement from the Medi-Cal program and the individual or entity is listed on either the Suspended and Ineligible Provider List,…or any list is published by the federal Office of Inspector General regarding the suspension or exclusion of individuals or entities from the federal Medicare and medicaid programs, to identify suspended, excluded, or otherwise ineligible providers."

The List of Excluded Individuals/Entities compiled by the Office of Inspector General is available online at http://exclusions.oig.hhs.gov.

If there are any questions, please call Denti-Cal at (800) 423-0507.

California Medi-Cal Dental Program

Denti-Cal Bulletin

VOLUME 21, NUMBER 14 P.O. BOX 15609 SACRAMENTO, CALIFORNIA 95852-0609 MARCH 2005

DENTI-CAL PROGRAM REQUIREMENTS FOR A CHANGE OF BUSINESS ADDRESS

Effective May 2, 2005, all providers requesting a change of business address must now submit a new, completed Medi-Cal Dental Provider Number Request (DC-005) form and are also required to have a provider enrollment on-site visit. This process will replace the current process of submitting the Medi-Cal Dental Provider Information Change/Deletion Request (DC-012) form. The on-site visit will be in addition to the on-site visits currently conducted for new enrollment, and for the addition of a business address.

Welfare and Institutions (W&I) Code, Section 4, 14043.26 (a) (1) states that "*…a provider not currently enrolled at a location where the provider intends to provide services…to a Medi-Cal beneficiary, shall submit a complete application package for enrollment…at a new location or a change in location.*"

A complete application package **must** include the following forms:

- ✓ Medi-Cal Dental Provider Number Request (DC-005) form
- ✓ Medi-Cal Provider Agreement (DHS 6208) form
- ✓ Medi-Cal Disclosure Statement (DHS 6207) form

Each provider requesting a change of business address must submit all applicable supporting documents listed on the checklist provided with the application package.

To request a current enrollment package or if there are any questions, please call Denti-Cal toll-free at (800) 423-0507.

California Medi-Cal Dental Program

Denti-Cal Bulletin

VOLUME 21, NUMBER 15 P.O. BOX 15609 SACRAMENTO, CALIFORNIA 95852-0609 MARCH 2005

VERIFY YOUR TAX IDENTIFICATION NUMBER

The California Medi-Cal Dental Program (Denti-Cal) reports annually to the Internal Revenue Service (IRS) the amount paid to each enrolled billing provider. The Business Name and Tax Identification Number (TIN) must match **exactly** with the name and TIN on file with the IRS. If the Business Name and TIN **do not** match, the IRS requires Denti-Cal to withhold 31% of future payments.

TAX IDENTIFICATION NUMBER

TINs may either be a Social Security Number (SSN) or an employer identification number (EIN). Denti-Cal uses the TIN to report earnings to the IRS, which are printed on the front of the check and on the Explanation of Benefits (EOB) you receive from Denti-Cal. **Please verify that the Business Name and TIN on the next check/EOB you receive from Denti-Cal are correct.** If the Business Name and TIN appearing on your Denti-Cal check/EOB are correct, you do not need to notify Denti-Cal.

UPDATING YOUR TAX IDENTIFICATION NUMBER

If the Business Name and/or TIN are incorrect, a Medi-Cal Dental Provider Information Change/Deletion Request (DC-012) form is required to make necessary changes. Please attach a valid, legible copy of an official document **from** the IRS (Form 147-C, SS-4 Confirmation Notification, 2363 or 8109C).

If your business type has changed (for example: sole proprietorship, corporation or partnership) you will be required to complete a new Medi-Cal Dental Provider Number Request (DC-005) application form.

If you are incorporated, attach a valid, legible copy of the Articles of Incorporation showing the name of your corporation. If your corporation is doing business under a fictitious name, attach a valid, legible copy of the fictitious name permit issued by the Dental Board of California.

To obtain a current application form, please contact Denti-Cal toll-free at (800) 423-0507. Failure to submit the appropriate form and supporting documents will delay the processing of your application and will be returned as incomplete.

If there are any questions, call Denti-Cal at (800) 423-0507.

California Medi-Cal Dental Program

Denti-Cal Bulletin

VOLUME 21, NUMBER 16 P.O. BOX 15609 SACRAMENTO, CALIFORNIA 95852-0609 MARCH 2005

NO CLAIM ACTIVITY FOR 12 MONTHS

Providers who have had no claim activity (submitting no claims or requesting reimbursement) in a 12-month period shall be deactivated per Welfare and Institutions Code Section 14043.62 which reads as follows:

> "The department shall deactivate, immediately and without prior notice, the provider numbers used by a provider to obtain reimbursement from the Medi-Cal program when warrants or documents mailed to a provider's mailing address or its pay to address, if any, or its service or business address, are returned by the United States Postal Service as not deliverable or when a provider has not submitted a claim for reimbursement from the Medi-Cal program for one year. Prior to taking this action the department shall use due diligence in attempting to contact the provider at its last known telephone number and ascertain if the return by the United States Postal Service is by mistake or shall use due diligence in attempting to contact the provider by telephone or in writing to ascertain whether the provider wishes to continue to participate in the Medi-Cal program. If deactivation pursuant to this section occurs, the provider shall meet the requirements for reapplication as specified in this article or the regulations adopted thereunder."

If you have not treated any Medi-Cal patients within a 12-month period your Medi-Cal Dental Program provider number will be deactivated. If you wish to remain an active provider in the Medi-Cal Dental Program, complete the form below and mail to: Post Office Box 15609, Sacramento, CA 95852-0609. If the form is not received by Denti-Cal prior to the end of the 12-month period, your provider number will be deactivated. If your provider number is deactivated, you must reapply for enrollment in the Medi-Cal Dental Program. To request an enrollment package contact Denti-Cal toll free at (800) 423-0507.

Yes, I wish to remain a provider in the California Medi-Cal Dental Program because _____

_____.

Check the boxes that apply to your practice:

- ☐ AAH (Alameda Alliance Health)
- ☐ CCS (California Children's Services)
- ☐ DMC (Dental Managed Care) Plan Name: _____
- ☐ FQHC/RHC (Federally Qualified Health Clinic/Rural Health Clinic)
- ☐ GHPP (Genetically Handicapped Persons Program)
- ☐ GMC (Geographic Managed Care) Plan Name: _____
- ☐ HFP (Healthy Families Program)

_____ _____ _____

Provider Name Provider Number Provider Signature

California Medi-Cal Dental Program

Denti-Cal Bulletin

VOLUME 21, NUMBER 17 P.O. BOX 15609 SACRAMENTO, CALIFORNIA 95852-0609 APRIL 2005

UPDATE!
HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) TRANSACTIONS AND CODE SETS AND SECURITY RULE

What's New?

- ✓ Denti-Cal has implemented a secured e-mail messaging system (SEMS), which protects sensitive information. If you receive an e-mail from Denti-Cal, you may start receiving your messages in an encrypted format. Please see the specific SEMS information on page 2.
- ✓ A postcard survey was distributed in the first provider payment in April. Your prompt response to this survey is required and very much appreciated to ensure a smooth transition to CDT-4 and associated new criteria.
- ✓ The schedule for provider training sessions for CDT-4 and associated criteria is currently being developed. Once the schedule is confirmed, it will be released in a future bulletin.
- ✓ A translation from local codes to CDT-4 procedure codes, called a crosswalk, is being developed and will be made available in the second quarter of 2005.

Electronic Data Interchange (EDI) Claim Format, Companion Guide, Trading Partner Agreement and Certification Process

Denti-Cal is now able to accept the newer Version 4010A1 format for claims (ASC X12N 837) and claim status (ASC X12N 276) from certified trading partners.

A provider submitting claims electronically is required to undergo certification for the 4010A1 format. However, if a provider is submitting claims electronically through its contracted clearinghouse, only the clearinghouse must be certified. In this case, a provider must ensure that its contracted clearinghouse has been certified through Denti-Cal, prior to submitting claims. ***After the target date of June 1, 2005, Denti-Cal will no longer accept electronic documents from those who have not been certified for the 4010A1 format.***

The requirement for the Medi-Cal Dental Telecommunications Provider and Biller Application/ Agreement (hereinafter "Trading Partner Agreement") applies to all providers who submit claims and Treatment Authorization Requests (TARs) electronically, including providers who utilize a clearinghouse. ***If you fail to submit the required Trading Partner Agreement, you will no longer be allowed to continue to submit through EDI.*** *Also, if you utilize a clearinghouse to submit electronically, the clearinghouse will be unable to submit electronically on your behalf, if you have not submitted a Trading Partner Agreement.* To avoid disruption to your EDI process, please submit the required Trading Partner Agreement.

A copy of the Denti-Cal EDI Companion Guide, as well as the Trading Partner Agreement, can be obtained by phoning Provider Services toll-free at (800) 423-0507, or (916) 853-7373 and asking for EDI Support. Requests may also be sent by e-mail to denti-caledi@delta.org.

Secured E-mail Messaging System SEMS

When Denti-Cal sends you an encrypted e-mail, you will receive a message directing you to access Delta's secure web site to retrieve the e-mail. You will need to register and select a password of your choosing (the software will automatically prompt you to do this). You will only need to register the first time you use the system; thereafter, you may retrieve messages simply by entering your password. Each individual e-mail recipient within a provider's office will need to register, as the registration is specific to the e-mail address of the recipient.

The software implementation is part of Denti-Cal's compliance with the federal HIPAA Security Rule. The HIPAA compliance date for providing secure transmission of electronic data is no later than April 21, 2005.

Important Reminders Regarding CDT Code Conversions!

- Current Dental Terminology Version 4 (CDT-4) will be required for paper *and* electronic transactions beginning October 1, 2005. Please note: CDT codes are not currently accepted by Denti-Cal and are considered invalid until the conversion takes place, October 1, 2005. Sufficient notification will be made prior to the transition to CDT-4 codes. Also, any claim service line submitted with an invalid procedure code or a blank procedure code field will be denied, whether submitted electronically or as paper documents.
- Changes are being made to the Manual of Criteria in conjunction with the CDT-4 codes.
- Monthly Denti-Cal bulletins will be provided as changes are made or reminders are needed for the CDT Code Conversions.

For additional information regarding HIPAA, please refer to the following Web sites:

- ✓ www.medi-cal.ca.gov (Medi-Cal Web site)
- ✓ www.dhs.cahwnet.gov/hipaa (Department of Health Services, Office of HIPAA Compliance)
- ✓ http://aspe.hhs.gov/admnsimp/index.shtml (Department of Health and Human Services)

Direct e-mails to: DentiCal_HIPAA@delta.org. All e-mails will be responded to as quickly as possible.

California Medi-Cal Dental Program

Denti-Cal Bulletin

VOLUME 21, NUMBER 18 P.O. BOX 15609 SACRAMENTO, CALIFORNIA 95852-0609 APRIL 2005

UPDATE: MEDI-CAL BENEFITS IDENTIFICATION CARD (BIC) NUMBERS

The Statewide reissuance of the new 14-character BICs began in January 2005 and is scheduled for completion by July 1, 2005.

How do you know if a Medi-Cal beneficiary has a valid BIC?

Providers will need to submit an eligibility verification transaction using the information on the BIC presented by the Medi-Cal beneficiary.

- If the BIC is not valid, the eligibility verification system will return one of the following messages: "Invalid BIC ID," or "Issue Date of the Beneficiary's ID Card Invalid."
- If the eligibility verification transaction returns the message "Invalid BIC ID," do the following:
  - Make sure the information was entered correctly.
  - If the information was entered correctly, refer the beneficiary to their local county office.
- Until the statewide reissuance is complete in July, some Medi-Cal beneficiaries will have a BIC with a 10-character ID and others will have a BIC with a 14-character ID.
- Medi-Cal beneficiaries will need to use the 10-character BIC until the 14-character BIC is received in the mail.
- Once beneficiaries have received the new 14-character BIC ID, the old one will be deactivated.
- If beneficiaries have not received the new 14-character BIC ID by August 2005 and are getting the "Invalid BIC ID" message, refer them to their local county office.

Providers are responsible for verifying the beneficiary's identity and eligibility for services. Eligibility should always be verified prior to rendering service by using information from the Medi-Cal beneficiary's BIC ID.

How will the new 14-character BIC ID work?

Until the statewide reissuance is complete in July, the new 14-character BIC ID will be treated the same as the current 10-character BIC ID.

The Automated Eligibility Verification System (AEVS) will accept all 14 characters, however only the first 10 characters will be returned with the eligibility verification response. After the statewide reissuance is complete, AEVS will be changed to return the full 14 characters of the BIC ID with the eligibility verification response.

The Medi-Cal Dental Program (Denti-Cal) Interactive Voice Response (IVR) System now accepts nine of the 14-character BIC ID. When using the Denti-Cal IVR, enter those first nine digits *only* as the prompt for date of birth follows immediately thereafter.

Will the 10-character BIC ID and Social Security Number (SSN) continue to be accepted for billing?

- The claims processing system will accept all 14 characters, however only the first 10 characters will be processed. Providers should bill using the ID number from the BIC for which they received an eligibility verification response.
- The 10-character BIC ID will be phased out after the statewide reissuance is complete.
- Denti-Cal providers can continue to use the SSN for billing until notified of the new billing requirements by Denti-Cal.
    - For some beneficiaries, providers must have and use the BIC ID and issue date for verifying eligibility and billing.
    - When providers attempt to verify eligibility for beneficiaries using the SSN or previous BIC number, the eligibility verification system will return the eligibility message, "For claims payment, current BIC ID number and date of issue required."
- New billing requirements will not be implemented until late 2005 or early 2006. More billing information will be released in a future bulletin. Until then, the claims processing system will accept both the 10- and 14-character BICs.

All recent updates are in the Technical Specification Manual on the Medi-Cal Web site at www.medi-cal.ca.gov.

If there are any questions, please call Denti-Cal toll-free at (800) 423-0507.

California Medi-Cal Dental Program

Denti-Cal Bulletin

VOLUME 21, NUMBER 19 P.O. BOX 15609 SACRAMENTO, CALIFORNIA 95852-0609 APRIL 2005

MEDI-CAL DENTAL ANESTHESIA SERVICES

This bulletin is intended to clarify existing Medi-Cal Dental (Denti-Cal) policy with respect to Anesthesia Services.

The Medi-Cal Dental Program (Denti-Cal) covers a number of anesthesia services. The Manual of Criteria for Medi-Cal Authorization (Dental Services), which is contained within Section 4 of the Denti-Cal Provider Manual, details the Program's criteria for these procedures. The purpose of this bulletin is to provide a clear understanding of covered anesthesia services and the clinical settings in which they may be performed.

The Denti-Cal provider must possess a valid and current conscious sedation permit and/or general anesthesia permit from the Dental Board of California in order to provide some of these anesthesia services to Medi-Cal dental patients. Oral sedation is not a benefit of the Medi-Cal Dental Program.

Procedure 300 - Therapeutic Drug Injection

Procedure 300 is a benefit for injectable therapeutic drugs that are required to treat severe infections or prevent adverse post surgical sequelae [an aftereffect of disease or injury, a secondary result] such as swelling and myalgia. These injectable therapeutic drugs are generally given in conjunction with Procedures 301, 400 or 998 and include, but are not limited to:

- Antibiotics
- Dexamethasone and other corticosteroids

If the patient's physical condition requires that an injectable analgesic be administered in conjunction with local anesthesia, then Procedure 300 is a benefit for the injectable analgesic. Injectable analgesics administered in conjunction with Procedure 301 (Conscious Sedation, Relative Analgesia (Nitrous Oxide), per Visit) or Procedure 400 (General Anesthesia) cannot be billed as Procedure 300.

Procedure 300 does not require prior authorization. The injectable drug name and the clinical indication for its usage must be clearly documented in either Field 34 of the claim form or on a separate attachment.

Multiple injectable drugs may be allowed up to a maximum of three (3) per date of service.

Procedure 300 is not a benefit if the associated restorative/surgical procedures are denied.

Procedure 301 - Conscious Sedation, Relative Analgesia (Nitrous Oxide), Per Visit

Conscious sedation is a drug-induced depression of consciousness during which patients respond

purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patient airway, and spontaneous ventilation is adequate.

Procedure 301 is a benefit under certain clinical conditions when conscious sedation or relative analgesia is administered. These conditions include:

- Patients through the age of 13 who cannot be clinically managed without the use of Procedure 301. No prior authorization is required.
- Patients of any age who are residents of a Department of Health Services (DHS) certified intermediate care facility (ICF) and are developmentally disabled. No prior authorization is required.
- Patients 13 years of age or older who are mentally or physically handicapped and are not clinically manageable without the use of Procedure 301. *Prior authorization is required in this instance, unless the patient has special needs.*

The patient's qualifying condition must be documented and the drugs used must be identified by name in either Box 34 of the claim/TAR form or on a separate attachment.

Procedure 301 is payable once per treatment visit regardless of the number of drugs administered or the duration of the anesthesia (anesthesia time).

Procedure 301 is not a benefit if the associated restorative/surgical procedures are denied.

Procedure 400 — General Anesthesia

General anesthesia (GA) means the elimination of all sensation accompanied by a state of unconsciousness during which patients cannot be aroused, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive ventilation may be required.

Procedure 400 is payable when performed in the provider's office - not in a surgicenter or hospital inpatient setting.

The use of GA is a benefit of the program without prior authorization when the patient's qualifying condition necessitating the use of GA are documented on the claim form (in Field 34 or on a separate attachment). Qualifying conditions include, but are not limited to:

- Severe mental retardation
- Spastic type handicap
- Prolonged (in excess of 30 minutes) or severe surgical procedures.
- Acute infection at an injection site causing failure of local anesthetic agents.
- Contraindication or failure of a local anesthetic to control pain.

Procedure 400 is a benefit in conjunction with the removal of

- Fixed arch bars
- Wire splints
- Implants

when a different provider than the one who originally placed them performs the removal of these items.

Procedure 400 is not a benefit if the associated restorative/surgical procedures are denied.

Procedure 400 is payable once per treatment visit regardless of the number of drugs administered or the anesthesia time.

Procedure 998 – Unlisted Therapeutic Service

Procedure 998 can be used by a Dentist-Anesthesiologist to bill the Denti-Cal program for general anesthesia services. The following conditions apply:

- No prior authorization is required.
- GA services may be performed in any clinical setting (inpatient or outpatient).
- Payable only to an educationally qualified Dentist-Anesthesiologist (not the treating dentist) with a General Anesthesia permit from the Dental Board of California. Field 34 of the Claim form must contain the permit number.
- Payable even if the treatment services provided by the treating dentist are denied.
- A copy of the dental anesthesia record or Operating Room (OR) report must be included as an attachment to the Claim.

Payment to the Dentist-Anesthesiologist is as follows:

- Basic set-up fee of $70.05
- $14.01 per 15-minute unit of anesthesia time.

Hospital Dental Services

If a Medi-Cal dental provider needs to perform dental services within a hospital inpatient setting, the provision of the medical support services, e.g., Operating Room (OR) time, surgical nurse, anesthesiologist, or hospital bed, will depend on how the Medi-Cal dental patient receives their Medi-Cal medical services. Medi-Cal dental beneficiaries may receive their medical services through a number of different entities:

- Medi-Cal Fee-For-Service (FFS)
- Geographic Managed Care (GMC)
- Medi-Cal Managed Care
- County Organized Health Systems (COHS)

Medi-Cal dental providers should refer to the Denti-Cal Provider Manual Section Two (Beneficiary Eligibility) for instructions on how to determine the entity providing a patient's medical services.

Requesting Hospital Dental Services for Medi-Cal Beneficiaries Enrolled in the Medi-Cal (FFS) Program

Prior authorization is required for each non-emergency and non-diagnostic dental service provided to Medi-Cal dental patients in a hospital inpatient setting where the patient's hospital stay exceeds 24 hours. This processed is processed by Denti-Cal.

A separate authorization is required to admit the patient into the hospital. This authorization must be submitted on the Medi-Cal Form 50-1 and should be sent directly to:

Department of Health Services
San Francisco Medi-Cal Field Office
P.O. Box 3704
San Francisco, CA 94119
(415) 904-9600

Do not send the Medi-Cal Form 50-1 to Denti-Cal - doing so with only delay the authorization for hospital admission. If the Medi-Cal Field Office receives a Form 50-1 for a Medi-Cal patient who receives their medical services through the GMC, COHS, or Medi-Cal Managed Care programs, the form will be returned to the submitting dentist. This hospital authorization does not need to be submitted to Dent-Cal.

Requesting Hospital Dental Services for Medi-Cal Beneficiaries Enrolled in the GMC, COHS, or Medi-Cal Managed Care Plans

The Medi-Cal dental provider must contact the patient's medical plan to arrange for hospital or surgicenter admission and medical support services. All medical plans that provide services to Medi-Cal managed care beneficiaries are contractually obligated to provide medical support services for dental treatment.

If there are any questions, please call Denti-Cal toll-free at (800) 423-0507.

California Medi-Cal Dental Program

Denti-Cal Bulletin

VOLUME 21, NUMBER 20 P.O. BOX 15609 SACRAMENTO, CALIFORNIA 95852-0609 MAY 2005

MAY 2005 UPDATE!
HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)
TRANSACTIONS AND CODE SETS AND SECURITY RULE

What's New?

- ✓ Under HIPAA, the federal Department of Health and Human Services (DHHS), and Centers for Medicare and Medicaid Services (CMS) adopted a Standard Unique Health Identifier for Health Care Providers, which is known as the National Provider Identifier (NPI). Please see specific NPI information below.
- ✓ A postcard survey regarding the readiness for submitting CDT-4 procedure codes was distributed in the first provider payment in April, 2005. While we have received many responses and the requested response date has passed, we encourage providers to please submit the postcard survey as soon as possible. Your response is critical to the success of the transition to CDT-4 and associated new criteria.

Electronic Data Interchange (EDI) Claim Format, Companion Guide, Trading Partner Agreement and Certification Process

Denti-Cal is now able to accept the newer Version 4010A1 format for claims (ASC X12N 837) and claim status (ASC X12N 276) from certified trading partners, for electronically transmitted claims. All participating providers, and/or their contracted clearinghouses, are to obtain Denti-Cal certification for the 4010A1 format.

The requirement for the Medi-Cal Dental Telecommunications Provider and Biller Application/ Agreement (hereinafter "Trading Partner Agreement") applies to all providers who submit claims and Treatment Authorization Requests (TARs) electronically, including providers who utilize a clearinghouse. ***Effective June 1, 2005, if you fail to submit the required Trading Partner Agreement, you will no longer be allowed to continue to submit through EDI.***

A copy of the Denti-Cal EDI Companion Guide, as well as the Trading Partner Agreement, can be obtained by phoning Provider Services toll-free at (800) 423-0507, or (916) 853-7373 and asking for EDI Support. Requests may also be sent by e-mail to denti-caledi@delta.org.

National Provider Identifier (NPI)

This article is the first in a series about the National Provider Identifier (NPI) and how it will affect Medi-Cal Dental Program (Denti-Cal) providers.

Below is a brief description of the NPI regulations:

- ✓ Providers may apply for an NPI, which is a 10-digit number, with a check digit in the 10th position, and does not contain any embedded information about the health provider, on or after May 23, 2005. The compliance date for providers, most health plans, and clearinghouses is May 23, 2007. Small health plans must comply by May 23, 2008.
- ✓ The National Plan and Provider Enumeration System (NPPES) will be used to assign NPIs to providers. CMS and its contractor maintain the NPPES.
- ✓ Covered health care providers will be required to obtain an NPI and use this NPI on all covered health care transactions. Once the NPI is implemented nationally, most providers will be able to utilize the NPI for all public and private payers.
- ✓ Covered health plans and health care clearinghouses will be required to use the NPI as the identifier on all covered transactions.

Denti-Cal is currently assessing how the NPI will impact the operations and systems of Denti-Cal. Providers must continue utilizing their existing Denti-Cal provider numbers until further notice. NPI Providers will be notified when the NPI will be accepted by Denti-Cal.

For more information about the NPI and/or the NPI enrollment application process, please visit the Web site for CMS at www.cms.hhs.gov/hipaa/hipaa2/regulations/identifiers/default.asp.

Secured E-mail Messaging System (SEMS)

When Denti-Cal sends you an encrypted e-mail, you will receive a message directing you to access Delta's secure Web site to retrieve the e-mail. You will need to register and select a password of your choosing (the software will automatically prompt you to do this). You will only need to register the first time you use the system; thereafter you may retrieve messages simply by entering your password. Each individual e-mail recipient within a provider's office will need to register, as the registration is specific to the e-mail address of the recipient.

The software implementation is part of Denti-Cal's compliance with the federal HIPAA Security Rule. The HIPAA compliance date for providing secure transmission of electronic data was April 21, 2005.

Important Reminders!

- Current Dental Terminology Version 4 (CDT-4) will be required for **paper *and* electronic** transactions beginning October 1, 2005. Please note: CDT codes are not currently accepted by Denti-Cal and are considered invalid until the conversion takes place. Any claim service line submitted with an invalid procedure code or a blank procedure code field will be denied, whether submitted electronically or as paper documents.
- CDT codes are developed and maintained by the American Dental Association. Denti-Cal will be converting to CDT-4, and in the near future to CDT-5.
- CDT codes within the scope of Denti-Cal benefits and associated criteria will be available soon.
- Changes are being made to the Manual of Criteria in conjunction with the CDT-4 codes.
- Monthly Denti-Cal bulletins will be provided as changes are made or reminders are needed for the CDT Code Conversions.
- CDT-4 training seminars will be scheduled and providers will be notified of the dates and locations as they are made available.

For additional information regarding HIPAA, please refer to the following Web sites:

- ✓ www.medi-cal.ca.gov (Medi-Cal Web site)
- ✓ www.dhs.cahwnet.gov/hipaa (Department of Health Services, Office of HIPAA Compliance)
- ✓ http://aspe.hhs.gov/admnsimp/index.shtml (Department of Health and Human Services)
- ✓ www.cms.hhs.gov/hipaa/hipaa2/regulations/identifiers/default.asp (Centers for Medicare and Medicaid Services)

Direct e-mails to: DentiCal_HIPAA@delta.org. All e-mails will be responded to as quickly as possible.

California Medi-Cal Dental Program

Denti-Cal Bulletin

VOLUME 21, NUMBER 21 P.O. BOX 15609 SACRAMENTO, CALIFORNIA 95852-0609 MAY 2005

PARTIAL SEMINAR SCHEDULE FOR THIRD QUARTER, 2005

The complete seminar schedule for third quarter 2005 will be released in June. Also, CDT-4 training begins soon! Look for additional details in upcoming bulletins.

Workshops

- Enrollment and Eligibility
- Criteria and Current Changes
- Hands-On Forms Completion
- HIPAA Informational Updates

Advanced Seminars

- Criteria Presented *by* a Dentist *for* Dentists and Staff
- View Actual Treatment Slides

ABOUT THE SEMINARS AND WORKSHOPS

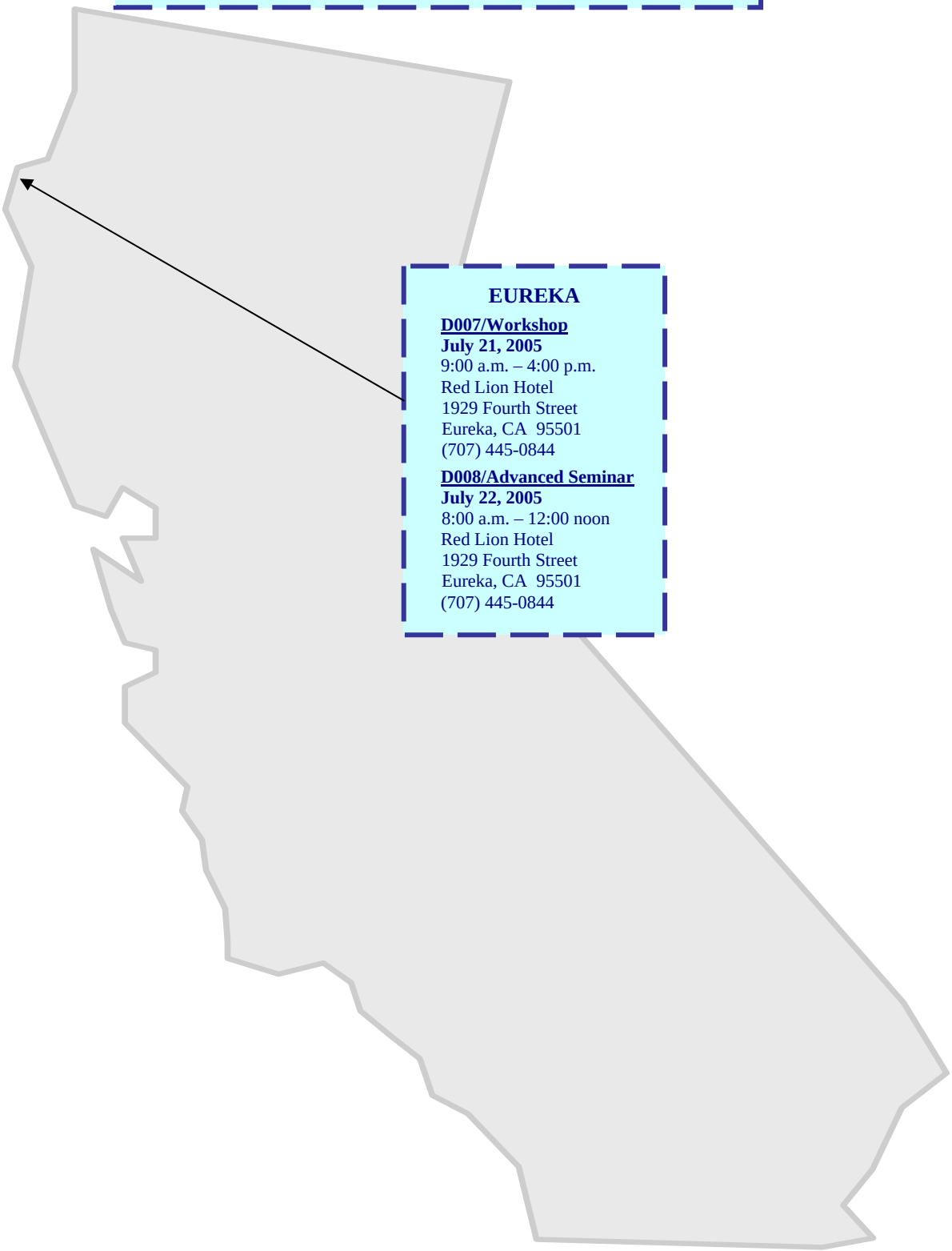
- ✓ Seminars and workshops are offered *free of charge*.
- ✓ Sessions begin *on time*, so arrive early.
- ✓ Bring your updated *Denti-Cal Provider Manual* to get the most from the training.
- ✓ Audio/video recording is not allowed.
- ✓ Billing information is subject to change.
- ✓ Reservations ensure that a space is available for you! Likewise, please let us know if you are unable to attend.
- ✓ Continuing education credits are available:

Basic Seminars	3 CE credits
Advanced Seminars	4 CE credits
Workshops	6 CE credits
Ortho Seminars	3 CE credits

- ✓ Some facilities may charge for parking.
- ✓ The use of cell phones during the seminar is strongly discouraged. If you must be available for calls, please be courteous and set the ringer on vibrate.

For additional information, questions and to register, please phone Denti-Cal toll free at 800/423-0507.

Denti-Cal Partial Seminar Schedule
Third Quarter 2005



EUREKA

D007/Workshop
July 21, 2005
9:00 a.m. – 4:00 p.m.
Red Lion Hotel
1929 Fourth Street
Eureka, CA 95501
(707) 445-0844

D008/Advanced Seminar
July 22, 2005
8:00 a.m. – 12:00 noon
Red Lion Hotel
1929 Fourth Street
Eureka, CA 95501
(707) 445-0844

DENTI-CAL PROVIDER TRAINING SEMINAR RESERVATION FORM

TYPE OF SEMINAR:

Basic Seminar
(Seminar Code Number:_____)

Workshop
(Seminar Code Number:_____)

Advanced Seminar
(Seminar Code Number:_____)

Ortho Seminar
(Seminar Code Number:_____)

Seating for all seminars is limited, so reserve your place today by returning this reservation form in the enclosed envelope to Denti-Cal. Be sure to include the seminar code number and indicate the names of staff who will be attending. Denti-Cal is unable to confirm your reservation by mail, so be sure to note the date and time on your calendar. ***To help us keep administrative costs down and continue to offer you free educational seminars, we request that you notify us in the event you need to cancel your reservation.***

PLEASE TYPE OR PRINT CLEARLY

Yes, I/my office staff wish to attend the Denti-Cal provider training seminar(s) indicated above. The name(s) of the person(s) attending are:

1._____ 4._____

2._____ 5._____

3._____ 6._____

In the area below, please type or print the dentist's name and office address:

_____ Provider No.:_____

_____

_____ Phone No.:_____

_____

California Medi-Cal Dental Program

Denti-Cal Bulletin

VOLUME 21, NUMBER 22 P.O. BOX 15609 SACRAMENTO, CALIFORNIA 95852-0609 MAY 2005

Learn About Electronic Claims Submission!

ELECTRONIC DATA INTERCHANGE SEMINARS
3rd Quarter Schedule

Electronic Data Interchange (EDI) seminars provide a general introduction to electronic claims submission and helpful tips for offices currently submitting claims electronically. These *FREE* presentations cover the advantages of EDI, how electronic claims are processed, how to best utilize electronic reports and other practical hints.

Third Quarter 2005 Seminar Schedule

DATE	CITY	TIME	LOCATION/PHONE NUMBER
July 22	San Diego	1:15 p.m. to 4:15 p.m.	Marriott Mission Valley 8757 Rio San Diego Drive (619) 692-3800
August 19	Fullerton	1:15 p.m. to 4:15 p.m.	Four Points Sheraton 1500 S. Raymond Ave. (714) 635-9000
September 23	Long Beach	1:15 p.m. to 4:15 p.m.	Renaissance Hotel 111 E. Ocean Blvd. (562) 437- 5900

Seating is limited.
For reservations, please call Denti-Cal toll-free at (800) 423-0507.

Continuing education credits are available from the Academy of General Dentistry.

California Medi-Cal Dental Program

Denti-Cal Bulletin

VOLUME 21, NUMBER 23 P.O. BOX 15609 SACRAMENTO, CALIFORNIA 95852-0609 JUNE 2005

HIPAA UPDATE

What's New?

- Those who have not signed and submitted a Trading Partner Agreement (TPA) are now unable to submit through Electronic Data Interchange (EDI) until a TPA is received by the Medi-Cal Dental Program.
- Current Dental Terminology Version 4 (CDT-4) training is scheduled to begin in September. Denti-Cal Bulletin Volume 21, Number 25 (enclosed in this envelope) provides details regarding training seminars in your area!
- Providers can now apply for a National Provider Identifer (NPI). See information below.

Certified Trading Partners

The Medi-Cal Dental Program is accepting, from certified trading partners, the X12 4010A1 format for dental claims (ASC X12N 837 Dental) and Health Care Claim Status Inquiry (ASC X12N 276) transactions. Providers who submit electronically, either directly or via a clearinghouse, claims and Treatment Authorization Requests (TARs) were required to sign and submit a TPA by June 1, 2005. *Those who have not done so will be unable to submit through EDI until the Medi-Cal Dental Program receives a TPA.*

A copy of the Medi-Cal Dental Program EDI Companion Guide, as well as the TPA, can be obtained by telephoning Provider Services toll-free at (800) 423-0507, or (916) 853-7373 and asking for EDI Support. Requests may also be sent by e-mail to denti-caledi@delta.org.

National Provider Identifier

This article is the second in a series about the National Provider Identifier (NPI), a Standard Unique Health Identifier for Health Care Providers, detailing how it will affect Medi-Cal Dental Program (Denti-Cal) providers.

How does a provider get an NPI?

The three application options are: 1) Paper Application 2) Web Application and 3) Electronic File Interchange (EFI) Bulk Enumeration.

1. **Paper Application** – Beginning July 1, 2005, providers may prepare a paper application and send it to the NPI Enumerator who will be assigning the NPI. A copy of the application, including the Enumerator's mailing address is available at

https://nppes.cms.hhs.gov. You may call the Enumerator to request a copy at (800) 465-2302 or TTY (800) 692-2326.

2. **Web Application** – Providers may apply through an easy web-based application process beginning May 23, 2005. The Web address is https://nppes.cms.hhs.gov.
3. **EFI (Electronic File Interchange) Bulk Enumeration** – With permission, an organization may submit an application in an electronic file on behalf of the provider. This could mean that a professional association, or perhaps a provider who is an employer, could submit an electronic file containing the information of other providers. This process will be available fall 2005.

When gathering information for an application, be sure that all the information such as Social Security Number and/or Federal Employer Identification Number are correct. Once an NPI is received, safeguard its use. The application form contains a Privacy Act Statement which explains how the information collected on the application may be disseminated.

Important NPI reminders:

- Covered dental providers will be required to obtain an NPI to use on all covered dental transactions.
- Once the NPI is implemented nationally, providers will be able to utilize the NPI for all public and private payers.
- The compliance date for Denti-Cal providers, dental plans, and clearinghouses is May 23, 2007.
- **Providers must continue using their existing provider numbers for all Denti-Cal transactions until notified otherwise.**

Denti-Cal is currently assessing how the NPI will impact its operations and systems. Providers will be notified when the NPI will be accepted by Denti-Cal.

For more information about the NPI and/or the NPI enrollment application process, please visit the Web site for CMS at www.cms.hhs.gov/hipaa/hipaa2.

California Medi-Cal Dental Program

Denti-Cal Bulletin

VOLUME 21, NUMBER 24 P.O. BOX 15609 SACRAMENTO, CALIFORNIA 95852-0609 JUNE 2005

PREFABRICATED CROWNS AND LABORATORY-PROCESSED CROWN POLICIES

Prefabricated crowns continue to remain a benefit for posterior teeth for adults 21 years of age and older.

Prefabricated crowns made of ADA-approved or certified materials used as a final restoration on posterior teeth will be reimbursed as Procedures 670 or 671 until CDT codes are implemented by Denti-Cal.

Posterior laboratory-processed crowns (Procedures 650, 651, 652, 660 and 663) are allowed for adults 21 years of age and older when the posterior tooth is used as an abutment for a fixed prosthesis that meets current program criteria, or for a removable partial denture with cast clasps and rests. The crown must also meet existing criteria for medical necessity. For existing removable partial dentures, providers must submit a radiograph or photograph demonstrating that the removable partial denture has a cast clasp or rest supported by the requested crown. When an abutment crown is requested as part of a treatment plan that includes a new removable partial denture, providers must submit the crown and the removable partial denture on the same Treatment Authorization Request (TAR). In this scenario, the requested removable partial denture must meet existing program criteria. The restriction on posterior laboratory-processed crowns includes both premolars and molars.

If there are questions regarding any of the above information, please telephone Denti-Cal toll-free at (800) 423-0507.

California Medi-Cal Dental Program

Denti-Cal Bulletin

VOLUME 21, NUMBER 25 P.O. BOX 15609 SACRAMENTO, CALIFORNIA 95852-0609 JUNE 2005

COMPLETE SEMINAR SCHEDULE FOR THIRD QUARTER, 2005

CDT-4 training begins soon! Look for additional details in upcoming bulletins.

Basic Seminars

- Introduction to California Medi-Cal Dental Program
- Enrollment and Eligibility
- Proper Billing Procedures

Workshops

- Enrollment and Eligibility
- Criteria and Current Changes
- Hands-On Forms Completion
- HIPAA Informational Updates

Advanced Seminars

- Criteria Presented *by* a Dentist *for* Dentists and Staff
- View Actual Treatment Slides

Orthodontic Seminars

- Designed for Denti-Cal providers who limit their practices to orthodontics only
- Comprehensive information on certification, enrollment, billing procedures and criteria

CDT-4 Training

- Prepare for the upcoming implementation of Current Dental Terminology procedure codes!
- Criteria Changes Presented *by* a Dentist *for* Dentists and Staff
- A *must-attend* seminar!

ABOUT THE SEMINARS AND WORKSHOPS

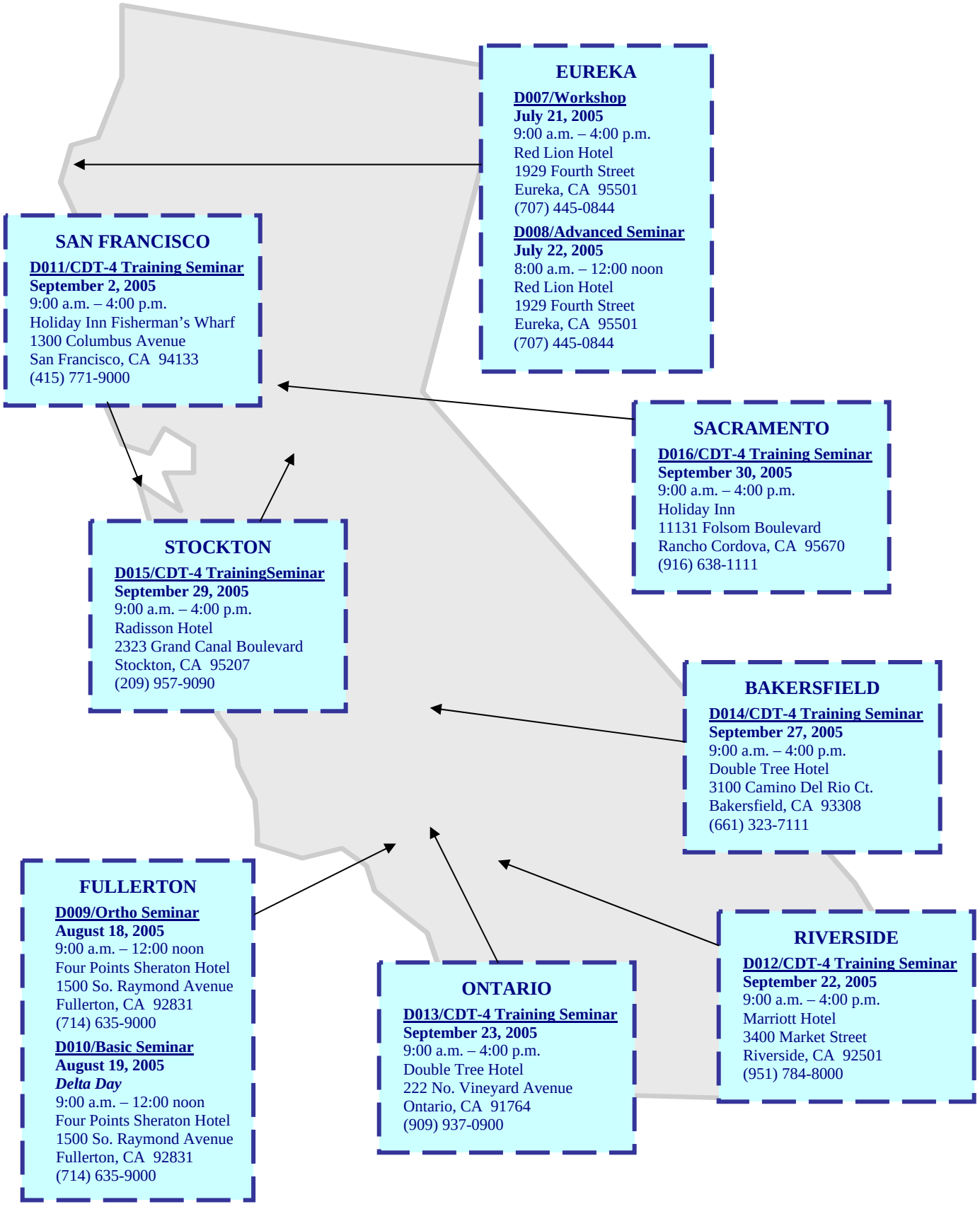
- ✓ Seminars and workshops are offered *free of charge*.
- ✓ Sessions begin *on time*, so arrive early.
- ✓ Bring your updated *Denti-Cal Provider Manual* to get the most from the training.
- ✓ Audio/video recording is not allowed.
- ✓ Billing information is subject to change.
- ✓ Reservations ensure that a space is available for you!
- ✓ Please let us know if you are unable to attend.
- ✓ Continuing education credits are available:

Basic Seminars	3 CE credits
Advanced Seminars	4 CE credits
Workshops	6 CE credits
Ortho Seminars	3 CE credits
CDT-4 Training Seminars	6 CE credits

- ✓ Some facilities may charge for parking.
- ✓ The use of cell phones during the seminar is strongly discouraged. If you must be available for calls, please be courteous and set the ringer on vibrate.

For additional information, questions and to register, please phone Denti-Cal toll free at 800/423-0507.

Denti-Cal Seminar Schedule
Third Quarter 2005



EUREKA

D007/Workshop
July 21, 2005
9:00 a.m. – 4:00 p.m.
Red Lion Hotel
1929 Fourth Street
Eureka, CA 95501
(707) 445-0844

D008/Advanced Seminar
July 22, 2005
8:00 a.m. – 12:00 noon
Red Lion Hotel
1929 Fourth Street
Eureka, CA 95501
(707) 445-0844

SAN FRANCISCO

D011/CDT-4 Training Seminar
September 2, 2005
9:00 a.m. – 4:00 p.m.
Holiday Inn Fisherman's Wharf
1300 Columbus Avenue
San Francisco, CA 94133
(415) 771-9000

SACRAMENTO

D016/CDT-4 Training Seminar
September 30, 2005
9:00 a.m. – 4:00 p.m.
Holiday Inn
11131 Folsom Boulevard
Rancho Cordova, CA 95670
(916) 638-1111

STOCKTON

D015/CDT-4 TrainingSeminar
September 29, 2005
9:00 a.m. – 4:00 p.m.
Radisson Hotel
2323 Grand Canal Boulevard
Stockton, CA 95207
(209) 957-9090

BAKERSFIELD

D014/CDT-4 Training Seminar
September 27, 2005
9:00 a.m. – 4:00 p.m.
Double Tree Hotel
3100 Camino Del Rio Ct.
Bakersfield, CA 93308
(661) 323-7111

FULLERTON

D009/Ortho Seminar
August 18, 2005
9:00 a.m. – 12:00 noon
Four Points Sheraton Hotel
1500 So. Raymond Avenue
Fullerton, CA 92831
(714) 635-9000

D010/Basic Seminar
August 19, 2005
Delta Day
9:00 a.m. – 12:00 noon
Four Points Sheraton Hotel
1500 So. Raymond Avenue
Fullerton, CA 92831
(714) 635-9000

ONTARIO

D013/CDT-4 Training Seminar
September 23, 2005
9:00 a.m. – 4:00 p.m.
Double Tree Hotel
222 No. Vineyard Avenue
Ontario, CA 91764
(909) 937-0900

RIVERSIDE

D012/CDT-4 Training Seminar
September 22, 2005
9:00 a.m. – 4:00 p.m.
Marriott Hotel
3400 Market Street
Riverside, CA 92501
(951) 784-8000

DENTI-CAL PROVIDER TRAINING SEMINAR RESERVATION FORM

TYPE OF SEMINAR:

☐ Basic Seminar
(Seminar Code Number:_____)

☐ Workshop
(Seminar Code Number:_____)

☐ Advanced Seminar
(Seminar Code Number:_____)

☐ Ortho Seminar
(Seminar Code Number:_____)

☐ CDT-4 Training Seminar
(Seminar Code Number:_____)

Seating for all seminars is limited, so reserve your place today by returning this reservation form in the enclosed envelope to Denti-Cal. Be sure to include the seminar code number and indicate the names of staff who will be attending. Denti-Cal is unable to confirm your reservation by mail, so be sure to note the date and time on your calendar. ***To help us keep administrative costs down and continue to offer you free educational seminars, we request that you notify us in the event you need to cancel your reservation.***

PLEASE TYPE OR PRINT CLEARLY

Yes, I/my office staff wish to attend the Denti-Cal provider training seminar(s) indicated above. The name(s) of the person(s) attending are:

1._____ 4._____

2._____ 5._____

3._____ 6._____

In the area below, please type or print the dentist's name and office address:

_____ Provider No.:_____

_____

_____ Phone No.:_____

_____

California Medi-Cal Dental Program

Denti-Cal Bulletin

VOLUME 21, NUMBER 26 P.O. BOX 15609 SACRAMENTO, CALIFORNIA 95852-0609 JUNE 2005

NO CLAIM ACTIVITY FOR 12 MONTHS

Providers who have had no claim activity (submitting no claims or requesting reimbursement) in a 12-month period shall be deactivated per Welfare and Institutions Code Section 14043.62 which reads as follows:

> "The department shall deactivate, immediately and without prior notice, the provider numbers used by a provider to obtain reimbursement from the Medi-Cal program when warrants or documents mailed to a provider's mailing address or its pay to address, if any, or its service or business address, are returned by the United States Postal Service as not deliverable or when a provider has not submitted a claim for reimbursement from the Medi-Cal program for one year. Prior to taking this action the department shall use due diligence in attempting to contact the provider at its last known telephone number and ascertain if the return by the United States Postal Service is by mistake or shall use due diligence in attempting to contact the provider by telephone or in writing to ascertain whether the provider wishes to continue to participate in the Medi-Cal program. If deactivation pursuant to this section occurs, the provider shall meet the requirements for reapplication as specified in this article or the regulations adopted thereunder."

If you have not treated any Medi-Cal patients within a 12-month period your Medi-Cal Dental Program provider number will be deactivated. If you wish to remain an active provider in the Medi-Cal Dental Program, complete the form below and mail to: Post Office Box 15609, Sacramento, CA 95852-0609. If the form is not received by Denti-Cal prior to the end of the 12-month period, your provider number will be deactivated. If your provider number is deactivated, you must reapply for enrollment in the Medi-Cal Dental Program. To request an enrollment package contact Denti-Cal toll free at (800) 423-0507.

Yes, I wish to remain a provider in the California Medi-Cal Dental Program because _____

_____.

Check the boxes that apply to your practice:

- ☐ AAH (Alameda Alliance Health)
- ☐ CCS (California Children's Services)
- ☐ DMC (Dental Managed Care) Plan Name: _____
- ☐ FQHC/RHC (Federally Qualified Health Clinic/Rural Health Clinic)
- ☐ GHPP (Genetically Handicapped Persons Program)
- ☐ GMC (Geographic Managed Care) Plan Name: _____
- ☐ HFP (Healthy Families Program)

_____ _____ _____

Provider Name Provider Number Provider Signature

California Medi-Cal Dental Program

Denti-Cal Bulletin

VOLUME 21, NUMBER 27 P.O. BOX 15609 SACRAMENTO, CALIFORNIA 95852-0609 JULY 2005

IMPORTANT HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) REMINDERS

What's New?

- Denti-Cal Bulletin Volume 21, Number 17, released in May 2005 stated that implementation of Current Dental Terminology Version 4 (CDT-4) codes would begin October 1, 2005. That date has changed. Implementation of CDT-4 will begin a month later on November 1, 2005. Please do not use the CDT-4 Codes until that date.
- CDT-4 training begins in September, in these cities: Bakersfield (September 27), Ontario (September 23), Riverside (September 22), Sacramento (September 30), and Stockton (September 29). Check Denti-Cal Bulletin Volume 21, Number 25 for additional details.
- The Manual of Criteria (MOC) and Schedule of Maximum Allowances (SMA) corresponding with CDT-4 codes will be distributed to provider offices in August. These will not be implemented until November 1, 2005, and should not be used until then.

National Provider Identifier (NPI)

The NPI rule designates two categories of health care providers for the enumerating process:

Entity Type Code 1: Issued to individual care providers (for example, physicians, nurses, dentists, chiropractors, pharmacists, and physical therapists). Entity Type Code 1 NPIs are considered a permanent designation unless circumstances justify deactivation.

Entity Type Code 2: Issued to organizations (for example, hospitals, home health agencies, clinics, laboratories, group practices, HMOs, and pharmacies). Entity Type Code 2 NPIs are considered permanent designation unless circumstances justify deactivation. A new NPI is generally not required for a change of ownership, legal formation, location, address, taxonomy, name, employer identification number, state of licensure, or state license number.

How Does a Provider Get an NPI?

1. Providers may apply through an easy Web-based application process beginning May 23, 2005. The Web address is https://nppes.cms.hhs.gov.

2. Providers may prepare a paper application and send it to the entity assigning the NPI (the Enumerator), beginning July 1, 2005. A copy of the application, including the Enumerator's mailing address, will be available on https://nppes.cms.hhs.gov. You may also call the Enumerator for a copy. The phone number is (800) 465-3203 or TTY (800) 692-2326. Written requests for applications can be sent to:

   NPI Enumerator
   P.O. Box 6059
   Fargo, ND 58108-6059

3. With permission, an organization may submit an application in an electronic file on behalf of the provider. This could mean that a professional association or perhaps a provider who is an employer could submit an electronic file containing information and the information of other providers. This process will be available in the fall of 2005.

Important NPI Reminders:

- Covered dental providers will be required to obtain an NPI to use on all covered transactions.
- The compliance date for Denti-Cal providers, dental plans, and clearinghouses is May 23, 2007.
- Once the NPI is implemented nationally, providers will be able to utilize the NPI for all public and private payers.

Denti-Cal is currently assessing how the NPI will impact its operations and systems. Providers will be notified when the NPI will be accepted by Denti-Cal.

For more information about the NPI and/or the NPI enrollment application process, please visit the Web site for CMS at www.cms.hhs.gov/hipaa/hipaa2.

California Medi-Cal Dental Program

Denti-Cal Bulletin

VOLUME 21, NUMBER 28 P.O. BOX 15609 SACRAMENTO, CALIFORNIA 95852-0609 JULY 2005

NEW CLAIMS PROCESSING TECHNOLOGY

Denti-Cal implemented new claims processing technology in June 2005, replacing current microfilm and key data entry functions with imaging, Optical Character Recognition (OCR) and data correction. Our goal is to improve processing time, improve responsiveness to provider and beneficiary inquiries, and increase adjudication accuracy.

OCR technology allows for a more automated process of capturing information from paper documents and enables us to electronically adjudicate paper forms. Please note: OCR has been set up to "read" *any* mark in boxes 11 through 18 as a "yes," even if the answer is "no." So please do *not* check boxes 11, 12, 13, 14, 15, 16, 17 or 18 unless indicating "yes."

To ensure optimum results, we ask that you follow the specifications listed below. Following the items in the "Do Not" section will not cause your paper form to deny, however it may require more manual intervention and take longer to process.

- ★ **DO** use a laser printer for best results (if you must print information use neat block letters that stay within field boundaries)
- ★ **DO** use the most current Denti-Cal claim forms (DC-002A, DC-009A, or DC-017A) and Treatment Authorization Request forms (DC-002B, DC-009B, or DC-017B)
- ★ **DO** use black ink
- ★ **DO** use all capital letters
- ★ **DO** use non-proportional fonts (Courier is a good example of a non-proportional font)
- ★ **DO** use a 10-point font if possible
- ★ **DO** use an 8-digit date format, e.g., 10212005
- ★ **DO** print data within the defined boxes on the form and always enter quantity information in the quantity field only
- ★ **DO** only use white correction tape for corrections
- ★ **DO** always submit notes on 8½" x 11" paper
- ★ **DO** always submit information on one side of the paper only
- ★ **DO** always apply a handwritten signature

- ★ **DO NOT** use a dot matrix/impact printer
- ★ **DO NOT** use the DC-001A, DC-001B, DC-001C, DC-001D, with attached x-ray envelopes (these forms should be discarded)
- ★ **DO NOT** use proportional fonts, italics or script fonts
- ★ **DO NOT** mix fonts on the same form
- ★ **DO NOT** use fonts smaller than 10 point
- ★ **DO NOT** use arrows or ditto marks to indicate duplicate dates of service, rendering provider ID, etc.
- ★ **DO NOT** use dashes or slashes in date fields
- ★ **DO NOT** print slashed zeros
- ★ **DO NOT** use correction fluid

- ★ **DO NOT** use photocopies of claim forms
- ★ **DO NOT** use highlighters to highlight field information as this causes field data to turn black and become unreadable
- ★ **DO NOT** submit two sided attachments
- ★ **DO NOT** enter quantity information in the description of service field
- ★ **DO NOT** put notes on the top or bottom of forms
- ★ **DO NOT** fold claim forms
- ★ **DO NOT** use labels, stickers, or stamps on claims/Treatment Authorization Request forms
- ★ **DO NOT** use rubber signature stamps or "signature on file"

California Medi-Cal Dental Program

Denti-Cal Bulletin

VOLUME 21, NUMBER 29 P.O. BOX 15609 SACRAMENTO, CALIFORNIA 95852-0609 AUGUST 2005

DENTI-CAL TO DISCONTINUE PROCESSING OF COUNTY MEDICAL SERVICES PROGRAM (CMSP) DENTAL SERVICES

I. Program Administration by Blue Cross Life & Health Insurance Company

Beginning October 1, 2005, CMSP will be administered by Blue Cross Life & Health Insurance Company (Blue Cross) instead of the California Department of Health Services (DHS). This change will affect all CMSP clients (aid codes 84, 85, 88, 89, 8F, and 50) who live in a participating CMSP county. This change will also affect CMSP clients in Solano County who receive services through the Partnership HealthPlan of California (PHC). CMSP clients reside in the following participating CMSP counties with these county codes:

County	Code Number	County	Code Number	County	Code Number
Alpine	(02)	Lake	(17)	Shasta	(45)
Amador	(03)	Lassen	(18)	Sierra	(46)
Butte	(04)	Madera	(20)	Siskiyou	(47)
Calaveras	(05)	Marin	(21)	Solano	(48)
Colusa	(06)	Mariposa	(22)	Sonoma	(49)
Del Norte	(08)	Mendocino	(23)	Sutter	(51)
El Dorado	(09)	Modoc	(25)	Tehama	(52)
Glenn	(11)	Mono	(26)	Trinity	(53)
Humboldt	(12)	Napa	(28)	Tuolumne	(55)
Imperial	(13)	Nevada	(29)	Yuba	(58)
Inyo	(14)	Plumas	(32)		
Kings	(16)	San Benito	(35)		

Blue Cross or its dental services subcontractor, Doral Dental Services of California, LLC (Doral Dental), will be contacting dental providers to solicit their participation in CMSP through a separate provider agreement. These agreements will contain information on payment levels and services. All dental providers that execute an agreement will be supplied with a Blue Cross/Doral Dental/CMSP operations manual that contains information on CMSP participation, including billing and payment policies and procedures.

CMSP Eligibility Determination

Eligibility for CMSP will continue to be administered by county welfare departments in all participating CMSP counties. Verification of CMSP eligibility, including share-of-cost, will continue to be available through the existing means provided by the Medi-Cal Program.

II. Program Administration of CMSP Through September 30, 2005

Please read the following to assure proper payment for dental services provided to CMSP clients on or before September 30, 2005. These services will be paid through existing payment mechanisms.

Dental Claims Payment

Denti-Cal will continue to pay CMSP claims for services provided through September 30, 2005. These claims must be submitted to Denti-Cal by March 31, 2006, and Denti-Cal will process them through September 30, 2006. Denti-Cal will not adjudicate any CMSP claims after September 30, 2006, and claims not paid after this date shall not be eligible for payment.

Effective October 1, 2005, Denti-Cal will discontinue payment of CMSP claims, Notices of Authorization (NOAs), and Claim Inquiry Forms (CIFs) having dates of service (DOS) on or after October 1, 2005. This change applies to dental services for all CMSP-eligible beneficiaries.

- Claims, NOAs for payment, or CIFs submitted for DOS on or after October 1, 2005, will not be paid by Denti-Cal. All claims with these dates of service shall be denied.

- Providers may submit claims, NOAs for payment, or CIFs for DOS through September 30, 2005, for a period of six months (ending March 31, 2006). Effective April 1, 2006, all claims submitted for CMSP will be denied by Denti-Cal.

- Providers are encouraged to submit CMSP claims as soon as possible. Although the DHS has authorized this service, payment cannot be guaranteed since Doral Dental will be responsible for any dental service with a DOS on or after October 1, 2005.

Treatment Authorization Requests (TARs)

Denti-Cal will process TARs for CMSP for dates of service through September 30, 2005. As provided above, claims for DOS through September 30, 2005, must be submitted to Denti-Cal by March 31, 2006, to be eligible for payment.

Effective October 1, 2005, Denti-Cal will discontinue authorization of TARs for CMSP.

- TARs or re-evaluations of NOAs for CMSP-only beneficiaries will be processed by Denti-Cal through September 30, 2005. Any TAR or re-evaluation received by Denti-Cal on or after October 1, 2005 will not be authorized.

- TARS approved by Denti-Cal will be recognized and accepted by Doral Dental with claim submission by a dental provider that is a part of the CMSP Provider Network with Doral Dental. NOTE: Authorization does not guarantee payment.

You may call Denti-Cal at 1-800-423-0507 for billing questions about CMSP services provided prior to October 1, 2005.

III. CMSP Benefit Changes (Effective October 1, 2005)

The following CMSP benefit changes were approved by the CMSP Governing Board and will take effect on October 1, 2005.

A. Payment for Health Care Services Only when Provider is Part of the CMSP Provider Network with Blue Cross (Excluding Emergency Services)

Beginning October 1, 2005, CMSP will pay for health care services provided to CMSP clients only when those services are provided by a health care provider that is a part of the CMSP Provider Network with Blue Cross in California or in the designated border-state areas of Oregon, Nevada and Arizona. The only exception is payment for emergency services. CMSP will pay for emergency services provided by California or designated border-state area providers, including those that are not a part of the CMSP Provider Network with Blue Cross. Payment rates for all services are determined by the CMSP Governing Board.

B. No Payment for Out-of-State and Out-of-Country Services

Beginning October 1, 2005, CMSP will not pay for any health care services provided to CMSP clients by health care providers outside of California or the designated border-state areas of Oregon, Nevada and Arizona.

Additional information concerning changes to CMSP is available on the CMSP Governing Board's website at www.cmspcounties.org.

If you have questions regarding upcoming changes to CMSP, please call (916) 649-2631.

California Medi-Cal Dental Program

Denti-Cal Bulletin

VOLUME 21, NUMBER 30 P.O. BOX 15609 SACRAMENTO, CALIFORNIA 95852-0609 AUGUST 2005

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

Highlights and News

- Implementation of Current Dental Terminology (CDT) has been postponed until early Spring 2006. Until further notice, look for HIPAA information at the beginning of the monthly *Denti-Cal* bulletins.
- As a result of the delay in implementation, training sessions previously identified as specific to CDT-4 have been postponed. Updated CDT-4 training session information will be made available in future bulletins.
- The distribution of the Manual of Criteria (MOC) and Schedule of Maximum Allowances (SMA) related to the implementation of CDT-4 codes has been postponed. Updated distribution information will be made available in future bulletins.

Important Reminders

CDT

- CDT codes are not currently accepted by Denti-Cal and are considered invalid. Any claim service line (CSL) submitted with an invalid procedure code or a blank procedure code field will be denied.

NPI

- Covered dental providers will be required to obtain an NPI to use on all covered dental transactions. For more information about the NPI and/or the NPI enrollment application process, please visit the Web site for CMS at www.cms.hhs.gov/hipaa/hipaa2/regulations/identifiers/default.asp.
- Once the NPI is implemented nationally, providers will be able to utilize the NPI for all public and private payers.
- The compliance date for Denti-Cal providers, dental plans, and clearinghouses is May 23, 2007.
- Providers must continue using their existing provider numbers for all Denti-Cal transactions until notified otherwise.

If there are any questions, please call Denti-Cal toll-free at (800) 423-0507.

California Medi-Cal Dental Program

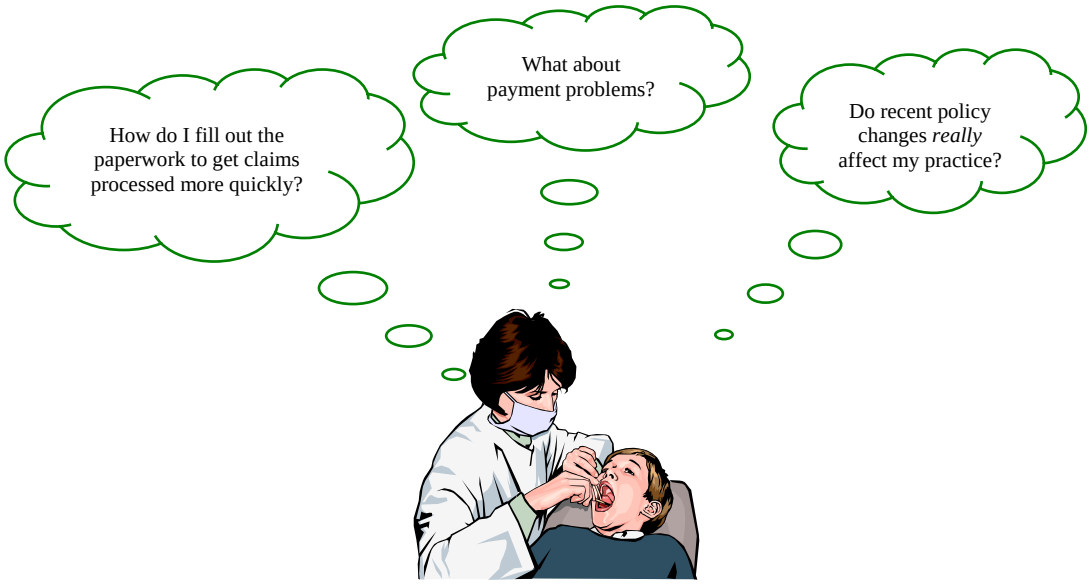
Denti-Cal Bulletin

VOLUME 21, NUMBER 31 P.O. BOX 15609 SACRAMENTO, CALIFORNIA 95852-0609 AUGUST 2005

ATTENTION!

CDT-4 training has been postponed.
Please look inside for the revised seminar schedule.

REVISED SEMINAR SCHEDULE FOR THIRD QUARTER, 2005



Basic Seminars

- Introduction to California Medi-Cal Dental Program
- Enrollment and Eligibility
- Proper Billing Procedures

Workshops

- Enrollment and Eligibility
- Criteria and Current Changes
- Hands-On Forms Completion
- HIPAA Informational Updates

Advanced Seminars

- Criteria Presented *by* a Dentist *for* Dentists and Staff
- View Actual Treatment Slides

Orthodontic Seminars

- Designed for Denti-Cal providers who limit their practices to orthodontics only
- Comprehensive information on certification, enrollment, billing procedures and criteria

ABOUT THE SEMINARS AND WORKSHOPS

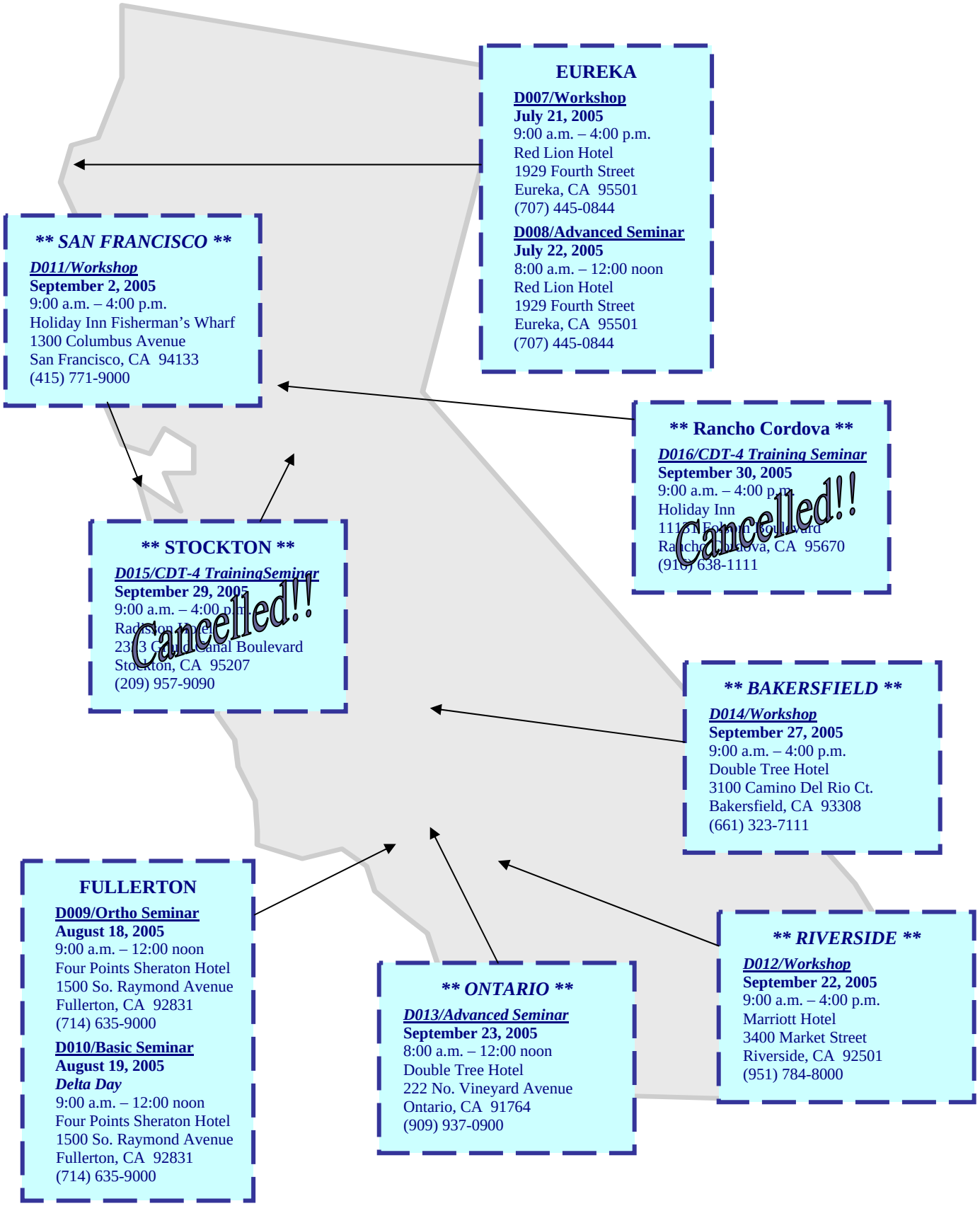
- ✓ Seminars and workshops are offered *free of charge*.
- ✓ Sessions begin *on time*, so arrive early.
- ✓ Bring your updated *Denti-Cal Provider Manual* to get the most from the training.
- ✓ Audio/video recording is not allowed.
- ✓ Billing information is subject to change.
- ✓ Reservations ensure that a space is available for you!
- ✓ Please let us know if you are unable to attend.
- ✓ Continuing education credits are available:

Basic Seminars	3 CE credits
Advanced Seminars	4 CE credits
Workshops	6 CE credits
Ortho Seminars	3 CE credits

- ✓ Some facilities may charge for parking.
- ✓ The use of cell phones during the seminar is strongly discouraged. If you must be available for calls, please be courteous and set the ringer on vibrate.

For additional information, questions and to register, please phone Denti-Cal toll free at 800/423-0507.

Revised Denti-Cal Seminar Schedule
Third Quarter 2005



EUREKA
D007/Workshop
July 21, 2005
9:00 a.m. – 4:00 p.m.
Red Lion Hotel
1929 Fourth Street
Eureka, CA 95501
(707) 445-0844

D008/Advanced Seminar
July 22, 2005
8:00 a.m. – 12:00 noon
Red Lion Hotel
1929 Fourth Street
Eureka, CA 95501
(707) 445-0844

*** SAN FRANCISCO ***
D011/Workshop
September 2, 2005
9:00 a.m. – 4:00 p.m.
Holiday Inn Fisherman's Wharf
1300 Columbus Avenue
San Francisco, CA 94133
(415) 771-9000

** Rancho Cordova **
D016/CDT-4 Training Seminar
September 30, 2005
9:00 a.m. – 4:00 p.m.
Holiday Inn
11131 Folsom Boulevard
Rancho Cordova, CA 95670
(916) 638-1111
Cancelled!!

** STOCKTON **
D015/CDT-4 TrainingSeminar
September 29, 2005
9:00 a.m. – 4:00 p.m.
Radisson Hotel
2323 Grand Canal Boulevard
Stockton, CA 95207
(209) 957-9090
Cancelled!!

*** BAKERSFIELD ***
D014/Workshop
September 27, 2005
9:00 a.m. – 4:00 p.m.
Double Tree Hotel
3100 Camino Del Rio Ct.
Bakersfield, CA 93308
(661) 323-7111

FULLERTON
D009/Ortho Seminar
August 18, 2005
9:00 a.m. – 12:00 noon
Four Points Sheraton Hotel
1500 So. Raymond Avenue
Fullerton, CA 92831
(714) 635-9000

D010/Basic Seminar
August 19, 2005
Delta Day
9:00 a.m. – 12:00 noon
Four Points Sheraton Hotel
1500 So. Raymond Avenue
Fullerton, CA 92831
(714) 635-9000

*** ONTARIO ***
D013/Advanced Seminar
September 23, 2005
8:00 a.m. – 12:00 noon
Double Tree Hotel
222 No. Vineyard Avenue
Ontario, CA 91764
(909) 937-0900

*** RIVERSIDE ***
D012/Workshop
September 22, 2005
9:00 a.m. – 4:00 p.m.
Marriott Hotel
3400 Market Street
Riverside, CA 92501
(951) 784-8000

DENTI-CAL PROVIDER TRAINING SEMINAR RESERVATION FORM

TYPE OF SEMINAR:

☐ Basic Seminar
(Seminar Code Number:_____)

☐ Workshop
(Seminar Code Number:_____)

☐ Advanced Seminar
(Seminar Code Number:_____)

☐ Ortho Seminar
(Seminar Code Number:_____)

Seating for all seminars is limited, so reserve your place today by returning this reservation form in the enclosed envelope to Denti-Cal. Be sure to include the seminar code number and indicate the names of staff who will be attending. Denti-Cal is unable to confirm your reservation by mail, so be sure to note the date and time on your calendar. ***To help us keep administrative costs down and continue to offer you free educational seminars, we request that you notify Denti-Cal toll-free at (800) 423-0507 in the event you need to cancel your reservation.***

PLEASE TYPE OR PRINT CLEARLY

Yes, I/my office staff wish to attend the Denti-Cal provider training seminar(s) indicated above. The name(s) of the person(s) attending are:

1._____ 4._____

2._____ 5._____

3._____ 6._____

In the area below, please type or print the dentist's name and office address:

_____ Provider No.:_____

_____

_____ Phone No.:_____

_____

California Medi-Cal Dental Program

Denti-Cal Bulletin

VOLUME 21, NUMBER 32 P.O. BOX 15609 SACRAMENTO, CALIFORNIA 95852-0609 AUGUST 2005

MEDI-CAL NOW: CONFERENCE FOR MEDI-CAL

Electronic Data Systems (EDS) is hosting a three-day conference for Medi-Cal providers entitled **Medi-Cal Now**. This unique training opportunity is a comprehensive healthcare forum covering a variety of key topics from the Medi-Cal and public health arenas, and is designed to give providers a more personalized learning experience.

Medi-Cal Now is occurring in Sacramento **September 7, 8, and 9, 2005** at the following location:

Sacramento Convention Center
1400 J Street
Sacramento, CA 95814

For information on the Medi-Cal Dental (Denti-Cal) Provider Enrollment Process, applicants and providers can attend a presentation daily from 11:30 a.m. to 12:20 p.m.

For more information and to register, contact the EDS Telephone Service Center at (800) 541-5555.

SOME CLAIMS WITH HEALTHY FAMILIES COVERAGE (AID CODE 9H) DENIED IN ERROR

Some claims for beneficiaries with Healthy Families (Aid Code 9H) coverage processed between January 1, 2004 and June 22, 2005, may have been denied in error.

If you received a denial of Adjudication Reason Code 318, Policy Code 16, or Policy Code 25 for a Healthy Families (Aid Code 9H) beneficiary, please submit a Claim Inquiry Form (CIF), requesting re-adjudication. For these claims, CIFs may be submitted to Denti-Cal through December 31, 2005.

VERIFY YOUR TAX IDENTIFICATION NUMBER

The California Medi-Cal Dental Program (Denti-Cal) reports annually to the Internal Revenue Service (IRS) the amount paid to each enrolled billing provider. The Business Name and Tax Identification Number (TIN) must match **exactly** with the name and TIN on file with the IRS. If the Business Name and TIN **do not** match, the IRS requires Denti-Cal to withhold 31% of future payments.

TAX IDENTIFICATION NUMBER

TINs may either be a Social Security Number (SSN) or an employer identification number (EIN). Denti-Cal uses the TIN to report earnings to the IRS, which are printed on the front of the check and on the Explanation of Benefits (EOB) you receive from Denti-Cal. **Please verify that the Business Name and TIN on the next check/EOB you receive from Denti-Cal are correct.** If the Business Name and TIN appearing on your Denti-Cal check/EOB are correct, you do not need to notify Denti-Cal.

UPDATING YOUR TAX IDENTIFICATION NUMBER

If the Business Name and/or TIN are not correct, a Medi-Cal Dental Provider Information Change/Deletion Request (DC-012) form is required to make necessary changes. Please attach a valid, legible copy of an official document **from** the IRS (Form 147-C, SS-4 Confirmation Notification, 2363 or 8109C).

If your business type has changed (for example: sole proprietorship, corporation or partnership) you are required to complete a new Medi-Cal Dental Provider Number Request (DC-005), Medi-Cal Disclosure Statement (DHS 6207), and Medi-Cal Provider Agreement (DHS 6208).

If you are incorporated, attach a valid, legible copy of the Articles of Incorporation showing the name of the corporation. If you are doing business under a fictitious name, attach a valid, legible copy of the fictitious name permit issued by the Dental Board of California.

To obtain a current application package, please contact Denti-Cal toll-free at (800) 423-0507. Failure to submit the appropriate form(s) and supporting documents will delay the processing of your application and it will be returned as incomplete.

MEDI-CAL DENTAL PATIENT REFERRAL SERVICE

Medi-Cal Dental Program (Denti-Cal) providers can take advantage of a free referral service for accepting Medi-Cal dental patients. This referral service can be an excellent resource for enrolled Denti-Cal providers to build, maintain, or increase their patient base while making available the highest level of dental service for the state's medically needy.

If you are a provider interested in this service, or need to update the information currently on file, please fill out the attached Medi-Cal Dental Patient Referral Service Form and mail it to:

California Medi-Cal Dental Program
P.O. Box 15609
Sacramento, CA 95852-0609

If there are questions regarding any of this information, please call Denti-Cal toll-free at (800) 423-0507.

Denti-Cal
California Medi-Cal Dental Program

Medi-Cal Dental Patient Referral Service

Dear Doctor:

The Medi-Cal Dental Program (Denti-Cal) offers a voluntary patient referral service that serves the dental community statewide. Please consider our request to include your office on our referral list for Denti-Cal patients.

Complete this form and return it to the Denti-Cal in the enclosed envelope.

If you have any questions about the Medi-Cal Dental Patient Referral Service, please do not hesitate to call Denti-Cal toll-free (800) 423-0507.

Sincerely,
Provider Services
Medi-Cal Dental Program
Denti-Cal

☐ Yes I would like Denti-Cal patients referred to my office. Please add my name to your referral list. I understand I may request removal of my name from this list at any time.

☐ No I do not want Denti-Cal patients referred to my office. Please do not include my name on your referral list.

Provider Name: _____ Billing Provider ID: _____ Service Office #: ____

Business Name: _____

Fictitious Name: _____

Office Address: _____

_____

Office Telephone: (____) _____ Is your office wheelchair accessible? ☐ Yes ☐ No

What other languages are spoken in your office? _____

List any dental specialties or services offered in your office (e.g., endodontic, periodontal, oral surgical procedures, general anesthesia, etc.): _____

_____

What age group of children does your office see? ☐ 5 & under ☐ 6 – 12 ☐ 13 & older

Billing Provider Signature: **Date:**

California Medi-Cal Dental Program

Denti-Cal Bulletin

VOLUME 21, NUMBER 33 P.O. BOX 15609 SACRAMENTO, CALIFORNIA 95852-0609 AUGUST 2005

SEMINAR SCHEDULE FOR FOURTH QUARTER, 2005

Basic Seminars

- Introduction to California Medi-Cal Dental Program
- Enrollment and Eligibility
- Proper Billing Procedures

Workshops

- Enrollment and Eligibility
- Criteria and Current Changes
- Hands-On Forms Completion
- HIPAA Informational Updates

Advanced Seminars

- Criteria Presented *by* a Dentist *for* Dentists and Staff
- View Actual Treatment Slides

ABOUT THE SEMINARS AND WORKSHOPS

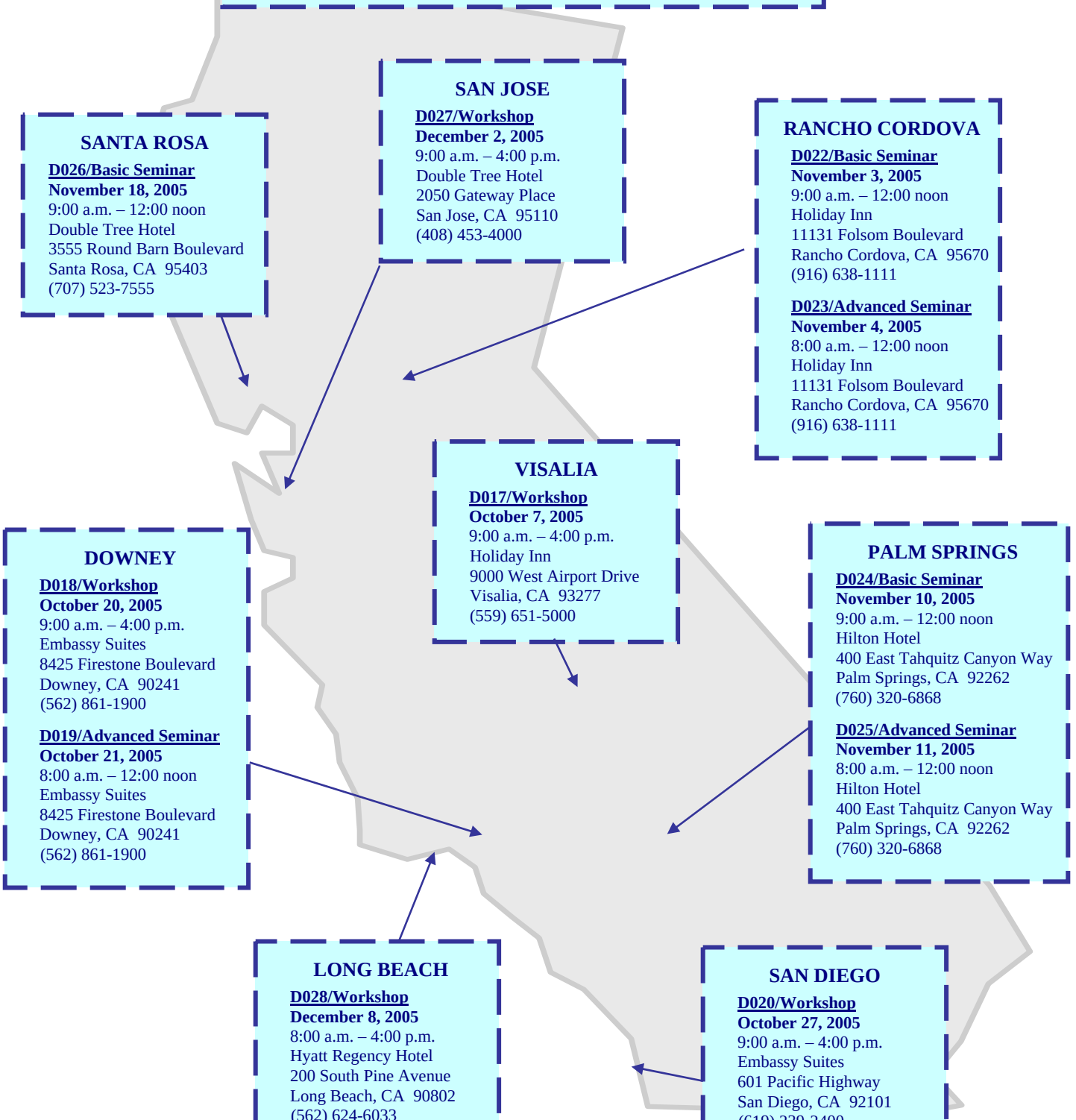
- Seminars and workshops are offered *free of charge*.
- Sessions begin *on time*, so arrive early.
- Bring your updated *Denti-Cal Provider Manual* to get the most from the training.
- Audio/video recording is not allowed.
- Billing information is subject to change.
- Reservations ensure that a space is available for you! Likewise, please let us know if you are unable to attend.
- Continuing education credits are available:

Basic Seminars	3 CE credits
Advanced Seminars	4 CE credits
Workshops	6 CE credits

- Some facilities may charge for parking.
- The use of cell phones during the seminar is strongly discouraged. If you must be available for calls, please be courteous and set the ringer on vibrate.

For additional information, questions and to register, please phone Denti-Cal toll free at 800/423-0507.

Denti-Cal Seminar Schedule
Fourth Quarter 2005



SANTA ROSA

D026/Basic Seminar
November 18, 2005
9:00 a.m. – 12:00 noon
Double Tree Hotel
3555 Round Barn Boulevard
Santa Rosa, CA 95403
(707) 523-7555

SAN JOSE

D027/Workshop
December 2, 2005
9:00 a.m. – 4:00 p.m.
Double Tree Hotel
2050 Gateway Place
San Jose, CA 95110
(408) 453-4000

RANCHO CORDOVA

D022/Basic Seminar
November 3, 2005
9:00 a.m. – 12:00 noon
Holiday Inn
11131 Folsom Boulevard
Rancho Cordova, CA 95670
(916) 638-1111

D023/Advanced Seminar
November 4, 2005
8:00 a.m. – 12:00 noon
Holiday Inn
11131 Folsom Boulevard
Rancho Cordova, CA 95670
(916) 638-1111

VISALIA

D017/Workshop
October 7, 2005
9:00 a.m. – 4:00 p.m.
Holiday Inn
9000 West Airport Drive
Visalia, CA 93277
(559) 651-5000

DOWNEY

D018/Workshop
October 20, 2005
9:00 a.m. – 4:00 p.m.
Embassy Suites
8425 Firestone Boulevard
Downey, CA 90241
(562) 861-1900

D019/Advanced Seminar
October 21, 2005
8:00 a.m. – 12:00 noon
Embassy Suites
8425 Firestone Boulevard
Downey, CA 90241
(562) 861-1900

PALM SPRINGS

D024/Basic Seminar
November 10, 2005
9:00 a.m. – 12:00 noon
Hilton Hotel
400 East Tahquitz Canyon Way
Palm Springs, CA 92262
(760) 320-6868

D025/Advanced Seminar
November 11, 2005
8:00 a.m. – 12:00 noon
Hilton Hotel
400 East Tahquitz Canyon Way
Palm Springs, CA 92262
(760) 320-6868

LONG BEACH

D028/Workshop
December 8, 2005
8:00 a.m. – 4:00 p.m.
Hyatt Regency Hotel
200 South Pine Avenue
Long Beach, CA 90802
(562) 624-6033

D029/Advanced Seminar
December 9, 2005
8:00 a.m. – 12:00 noon
Hyatt Regency Hotel
200 South Pine Avenue
Long Beach, CA 90802
(562) 624-6033

SAN DIEGO

D020/Workshop
October 27, 2005
9:00 a.m. – 4:00 p.m.
Embassy Suites
601 Pacific Highway
San Diego, CA 92101
(619) 239-2400

D021/Advanced Seminar
October 28, 2005
8:00 a.m. – 12:00 noon
Embassy Suites
601 Pacific Highway
San Diego, CA 92101
(619) 239-2400

DENTI-CAL PROVIDER TRAINING SEMINAR RESERVATION FORM

TYPE OF SEMINAR:

☐ Basic Seminar
(Seminar Code Number:_____)

☐ Workshop
(Seminar Code Number:_____)

☐ Advanced Seminar
(Seminar Code Number:_____)

Seating for all seminars is limited, so reserve your place today by returning this reservation form in the enclosed envelope to Denti-Cal. Be sure to include the seminar code number and indicate the names of staff who will be attending. Denti-Cal is unable to confirm your reservation by mail, so be sure to note the date and time on your calendar. ***To help us keep administrative costs down and continue to offer you free educational seminars, we request that you notify Denti-Cal toll-free at (800) 423-0507 in the event you need to cancel your reservation.***

PLEASE TYPE OR PRINT CLEARLY

Yes, I/my office staff wish to attend the Denti-Cal provider training seminar(s) indicated above. The name(s) of the person(s) attending are:

1._____ 4._____

2._____ 5._____

3._____ 6._____

In the area below, please type or print the dentist's name and office address:

_____ Provider No.:_____

_____

_____ Phone No.:_____

_____

California Medi-Cal Dental Program

Denti-Cal Bulletin

VOLUME 21, NUMBER 34 P.O. BOX 15609 SACRAMENTO, CALIFORNIA 95852-0609 SEPTEMBER 2005

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) FLASH

Highlights and News

- Implementation of Current Dental Terminology (CDT) has been postponed until early Spring 2006. CDT-4 training sessions have been postponed. Also postponed is the distribution of the Manual of Criteria (MOC) and Schedule of Maximum Allowances (SMA) related to the implementation of CDT-4 codes.
- Look for updated information in future bulletins.

Important Reminders

CDT

- CDT codes are not currently accepted by Denti-Cal and are considered invalid. Any claim service line (CSL) submitted with an invalid procedure code or a blank procedure code field will be denied.

NPI

- Covered dental providers will be required to obtain a National Provider Identifier (NPI) to use on all covered dental transactions. For more information about the NPI and/or the NPI enrollment application process, please visit the Web site for Centers for Medicare and Medicaid Services (CMS) at www.cms.hhs.gov/hipaa/hipaa2/regulations/identifiers/default.asp.
- Once the NPI is implemented nationally, providers will be able to utilize the NPI for all public and private payers.
- The compliance date for Denti-Cal providers, dental plans, and clearinghouses is May 23, 2007.
- Providers must continue using their existing provider numbers for all Denti-Cal transactions until notified otherwise.

DENTI-CAL TO DISCONTINUE PROCESSING OF COUNTY MEDICAL SERVICES PROGRAM (CMSP) DENTAL SERVICES

Beginning October 1, 2005, CMSP will be administered by Blue Cross Life & Health Insurance Company (Blue Cross) instead of the California Department of Health Services (DHS).

The following adjudication reason code has been modified to assist in the processing of CMSP documents:

386 Payment/Authorization disallowed. CMSP dental services for dates of service after September 30, 2005, are the responsibility of Doral Dental Services of California (1-800-341-8478).

The following new policy code is added to assist in the adjudicating of documents for CMSP dental services:

70 For CMSP dental services after 09/30/2005 contact Doral Dental (1-800-341-8478).

Additional information concerning changes to CMSP is available in Denti-Cal Bulletin Volume 21, Number 29, released in August 2005, and on the CMSP Governing Board's website at www.cmspcounties.org. If you have questions regarding upcoming changes to CMSP, please call (916) 649-2631.

$1,800 LIMIT PER CALENDAR YEAR FOR BENEFICIARY DENTAL SERVICES

Effective January 1, 2006, the Department of Health Services will implement changes in covered benefits as set forth in Assembly Bill 131 (Chapter 80 of the 2005-2006 Session). Section 14080 is added to the Welfare and Institutions Code. Beginning January 1, 2006 through January 1, 2009, dental services to individuals 21 years of age or older will be limited to $1,800 per beneficiary for each calendar year.

This limitation shall not apply to any of the following:

1) Emergency dental services.
2) Services that are federally mandated, including pregnancy-related services.
3) Dentures.
4) Maxillofacial and complex oral surgery.
5) Maxillofacial services, including dental implants and implant-retained prostheses.
6) Services provided in long-term care facilities.

Information regarding specific procedure codes affected by this limitation will follow in future bulletins.

IMPLEMENTATION OF NEW ADJUDICATION REASON CODES FOR EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT--SUPPLEMENTAL SERVICES (EPSDT-SS) REQUESTS

Currently Adjudication Reason Code 219 is the only one used to disallow EPSDT-SS requests and is insufficient to explain the reason for denial of requested service(s). Therefore, Adjudication Reason Code 219 -- This case does not qualify for Early and Periodic Screening, Diagnosis and Treatment (EPSDT) -- has been inactivated effective August 10, 2005, and the following Adjudication Reason Codes have been created to assist in processing these documents for dates of services beginning August 1, 2000:

400 EPSDT-Supplemental Services are not a benefit for patients 21 years and older.

401 The EPSDT-Supplemental Service(s) requested is primarily cosmetic in nature.

402 An alternate service(s) is more cost effective than the requested EPSDT-Supplemental Services(s) and is a benefit of the Medi-Cal Dental Program.

403 The EPSDT-Supplemental Service(s) requested is not medically necessary.

NO CLAIM ACTIVITY FOR 12 MONTHS

Providers who have had no claim activity (submitting no claims or requesting reimbursement) in a 12-month period shall be deactivated per Welfare and Institutions Code Section 14043.62 which reads as follows:

> "The department shall deactivate, immediately and without prior notice, the provider numbers used by a provider to obtain reimbursement from the Medi-Cal program when warrants or documents mailed to a provider's mailing address or its pay to address, if any, or its service or business address, are returned by the United States Postal Service as not deliverable or when a provider has not submitted a claim for reimbursement from the Medi-Cal program for one year. Prior to taking this action the department shall use due diligence in attempting to contact the provider at its last known telephone number and ascertain if the return by the United States Postal Service is by mistake or shall use due diligence in attempting to contact the provider by telephone or in writing to ascertain whether the provider wishes to continue to participate in the Medi-Cal program. If deactivation pursuant to this section occurs, the provider shall meet the requirements for reapplication as specified in this article or the regulations adopted thereunder."

If you have not treated any Medi-Cal patients within a 12-month period your Medi-Cal Dental Program provider number will be deactivated. If you wish to remain an active provider in the Medi-Cal Dental Program, complete the form below and mail to: Post Office Box 15609, Sacramento, CA 95852-0609. If the form is not received by Denti-Cal prior to the end of the 12-month period, your provider number will be deactivated. If your provider number is deactivated, you must reapply for enrollment in the Medi-Cal Dental Program. To request an enrollment package contact Denti-Cal toll free at (800) 423-0507.

Yes, I wish to remain a provider in the California Medi-Cal Dental Program because _____

_____.

Check the boxes that apply to your practice:

- ☐ AAH (Alameda Alliance Health)
- ☐ CCS (California Children's Services)
- ☐ DMC (Dental Managed Care)
  Plan Name: _____
- ☐ FQHC/RHC (Federally Qualified Health Clinic/Rural Health Clinic)
- ☐ GHPP (Genetically Handicapped Persons Program)
- ☐ GMC (Geographic Managed Care)
  Plan Name: _____
- ☐ HFP (Healthy Families Program)

_____	_____	_____
Provider Name	Provider Number	Provider Signature

If there are questions regarding any of the above, please call Dent-Cal at (800) 423-0507.

California Medi-Cal Dental Program

Denti-Cal Bulletin

VOLUME 21, NUMBER 35 P.O. BOX 15609 SACRAMENTO, CALIFORNIA 95852-0609 OCTOBER 2005

REMINDER: $1,800 LIMIT PER CALENDAR YEAR FOR BENEFICIARY DENTAL SERVICES

Effective January 1, 2006, the California Department of Health Services will implement changes in covered benefits as set forth in Assembly Bill 131 (Chapter 80 of the 2005-2006 Session). Beginning January 1, 2006 through January 1, 2009, dental services to individuals 21 years of age or older will be limited to $1,800 per beneficiary for each calendar year. Please refer to Denti-Cal Bulletin Volume 21, Number 34, for additional detail and exclusions.

ELECTRONIC DATA INTERCHANGE (EDI)

Submitting claims electronically reduces processing time for claims, makes billing and tracking documents easier, and helps maximize computer capabilities. EDI-enrolled providers can also receive the Notice of Authorization (NOA) and Resubmission Turnaround Document (RTD) forms electronically along with other EDI reports.

For an EDI Enrollment Packet, please contact Provider Services toll-free at (800) 423-0507. For an EDI How-To Guide or other information on submitting Denti-Cal claims and Treatment Authorization Requests (TARs) electronically, please call EDI Support at (916) 853-7373. Requests may also be sent by e-mail to denti-caledi@delta.org.

REMINDER: UPCOMING DENTI-CAL SEMINARS!!

Check Denti-Cal Volume 21, Bulletin 33 for specifics about these November seminars:

November 3, 2005	Basic Seminar/D022	Rancho Cordova
November 4, 2005	Advanced Seminar/D023	Rancho Cordova
November 10, 2005	Basic Seminar/D024	Palm Springs
November 11, 2005	Advanced Seminar/D025	Palm Springs
November 18, 2005	Basic Seminar/D026	Santa Rosa

California Medi-Cal Dental Program

Denti-Cal Bulletin

VOLUME 21, NUMBER 36 P.O. BOX 15609 SACRAMENTO, CALIFORNIA 95852-0609 NOVEMBER 2005

$1,800 LIMIT PER CALENDAR YEAR FOR BENEFICIARY DENTAL SERVICES

The fiscal year (FY) 2005-2006 Budget Act requires the California Department of Health Services (DHS) to initiate the Governor's Medi-Cal redesign proposal to implement changes in covered benefits as set forth in Assembly Bill 131 (Chapter 80 of the 2005-2006 Session). Assembly Bill 131 amends the Welfare and Institutions (W&I) Code by limiting non-exempt dental services for individuals 21 years of age or older to $1,800 per beneficiary per calendar year, beginning January 1, 2006. DHS anticipates approximately 15,000 to 20,000 beneficiaries of the 6.2 million eligible for services under the Medi-Cal Dental Program will be impacted.

Providers are reminded that *approval of a Treatment Authorization Request (TAR) does not guarantee payment*. Also, *payments will not be applied towards the $1,800 per calendar year limit for 1) Long Term Care; 2) pregnancy-related procedures; 3) services related to emergency treatment; and 4) exempt procedures. Payments will be credited toward the cap based upon the order in which the claims are received and processed.*

Beneficiaries will be excluded from this limitation if they have Long Term Care (LTC) aid codes *or* reside in either Place of Service 4/SNF (Skilled Nursing Facility) or Place of Service 5/ICF (Intermediate Care Facility). The following LTC aid codes will be exempt:

Denti-Cal Long-Term Care (LTC) Aid Codes	
Aid Code 13	Full
Aid Code 23	Full
Aid Code 53	Restricted to LTC services only
Aid Code 63	Full

Pregnant beneficiaries will also be excluded from the limitation, *when pregnancy-related procedure codes are requested along with a pregnancy-related aid code* The exempt pregnancy-related aid codes and pregnancy-related services are as follows:

Denti-Cal Pregnancy-Related Aid Codes	
Aid Code 0U	Restricted Services
Aid Code 0V	Limited
Aid Code 3T	Restricted to pregnancy and emergency services
Aid Code 3V	Restricted to pregnancy and emergency services
Aid Code 44	Restricted to pregnancy-related services
Aid Code 48	Restricted to pregnancy-related services
Aid Code 55	Restricted to pregnancy and emergency services
Aid Code 58	Restricted to pregnancy and emergency services
Aid Code 5F	Restricted to pregnancy and emergency services

Denti-Cal Pregnancy-Related Aid Codes	
Aid Code 5J	Restricted Services
Aid Code 5R	Restricted Services
Aid Code 5T	Restricted to pregnancy and emergency services
Aid Code 5W	Restricted to pregnancy and emergency services
Aid Code 5Y	Restricted to pregnancy and emergency services
Aid Code 6U	Restricted to pregnancy and emergency services
Aid Code 7C	Restricted to pregnancy and emergency services
Aid Code 7G	Valid only for ambulatory prenatal care services
Aid Code 7K	Restricted to pregnancy and emergency services
Aid Code 7N	Valid for Minor Consent services
Aid Code 8T	Restricted to pregnancy and emergency services

Denti-Cal Procedure Codes for Pregnancy-Related Services	
Procedure 010	Complete Examination, Initial Episode of Treatment Only
Procedure 015	Examination Periodic (Annual)
Procedure 049	Prophylaxis, Beneficiaries Through Age 12
Procedure 050	Prophylaxis, Beneficiaries 13 Years of Age and Over
Procedure 062	Prophylaxis, Including Topical Application of Fluoride, Beneficiaries Ages 6 through 17 Years of Age
Procedure 452	Subgingival Curettage and Root Planing, Per Full Mouth Treatment
Procedure 453	Occlusal Adjustment (Limited) per Quadrant (Minor Spot Grinding)
Procedure 472	Gingivectomy or Gingivoplasty Per Quadrant
Procedure 473	Osseous and Mucogingival Surgery Per Quadrant
Procedure 474	Gingivectomy or Gingivoplasty, Treatment Per Tooth (Fewer Than Six Teeth)

The following procedure codes may also be exempt from the limitation if they are related to an adequately documented emergency service.

Denti-Cal Procedure Codes for Emergency Services	
Procedure 020	Office Visit During Regular Office Hours, for Treatment and/or Observation of Teeth or Supporting Structures
Procedure 030	Professional Visit After Regular Office Hours or to Bedside
Procedure 035	Hospital Care
Procedure 040	Specialist Consultation
Procedure 080	Emergency Treatment, Palliative
Procedure 110	Intraoral Periapical, Single, First Radiograph
Procedure 111	Intraoral Periapical, Each Additional Radiograph
Procedure 113	Intraoral, Occlusal Radiograph

Denti-Cal Procedure Codes for Emergency Services	
Procedure 114	Extraoral, Single, Head or Lateral Jaw
Procedure 115	Extraoral, Each Additional Head or Lateral Jaw
Procedure 116	Bitewings, Two Radiographs
Procedure 117	Bitewings, Four Radiographs
Procedure 118	Bitewings, Anterior, One Radiograph
Procedure 125	Panographic Film, Single Radiograph
Procedure 150	Biopsy of Oral Tissue
Procedure 160	Gross and Microscopic Histopathologic Examination
Procedure 200	Removal of Erupted Tooth, Uncomplicated, First Tooth
Procedure 201	Removal of Erupted Tooth (Teeth), Uncomplicated, Each Additional Tooth
Procedure 202	Removal of Erupted Tooth, Surgical
Procedure 203	Removal of Root or Root Tip Completely Covered by Bone
Procedure 204	Removal of Root or Root Tip Not Totally Covered by Bone
Procedure 220	Postoperative Visit, Complications, e.g., Osteitis
Procedure 230	Removal of Impacted Tooth, Soft Tissue
Procedure 231	Removal of Impacted Tooth, Partial Bony
Procedure 232	Removal of Impacted Tooth, Complete Bony
Procedure 259	Excision of Hyperplastic Tissue, Per Arch
Procedure 260	Incision and Drainage of Abscess, Intraoral
Procedure 261	Incision and Drainage of Abscess, Extraoral
Procedure 262	Excision Pericoronal Gingiva (Operculectomy)
Procedure 263	Sialolithotomy, Intraoral
Procedure 264	Sialolithotomy, Extraoral
Procedure 265	Closure of Salivary Fistula
Procedure 266	Dilation of Salivary Duct
Procedure 269	Excision of Benign Tumor, Up to 1.25 cm
Procedure 270	Excision of Benign Tumor, Larger Than 1.25 cm
Procedure 271	Excision of Malignant Tumor
Procedure 273	Reimplantation and/or Stabilization of Accidentally Evulsed or Displaced Permanent Teeth and/or Alveolus
Procedure 276	Removal of Foreign Body From Bone (Independent Procedure)
Procedure 277	Radical Resection of Bone for Tumor with Bone Graft
Procedure 278	Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body
Procedure 279	Oral Antral Fistula Closure
Procedure 280	Excision of Cyst up to 1.25 cm
Procedure 281	Excision of Cyst over 1.25 cm
Procedure 282	Sequestrectomy

Denti-Cal Procedure Codes for Emergency Services	
Procedure 290	Excision of Foreign Body, Soft Tissue
Procedure 292	Suture of Soft Tissue Wound or Injury
Procedure 300	Therapeutic Drug Injection
Procedure 301	Conscious Sedation, Relative Analgesia (Nitrous Oxide), Per Visit
Procedure 400	General Anesthesia
Procedure 451	Emergency Treatment (Periodontal Abscess, Acute Periodontitis, etc.)
Procedure 501	Therapeutic Pulpotomy
Procedure 502	Vital Pulpotomy
Procedure 503	Recalcification, Includes Temporary Restoration, Per Tooth
Procedure 685	Recement Inlay, Facing, Pontic
Procedure 686	Recement Crown
Procedure 695	Replace Broken Facing, Post Backing Broken
Procedure 687	Recement Bridge
Procedure 690	Repair Fixed Bridge
Procedure 694	Replace Broken Tru-Pontic
Procedure 696	Replace Broken Facing, Post Backing Broken
Procedure 723	Tissue Conditioning, Per Denture
Procedure 750	Repair Broken Denture Base Only (Complete or Partial)
Procedure 716	Clasp or Teeth, Each for Procedure 706
Procedure 720	Denture Adjustment, Per Visit
Procedure 721	Reline-Office, Cold Cure
Procedure 754	Each Additional Denture Tooth Replaced on 753 Repair (Maximum Two)
Procedure 755	Adding First Tooth to Partial Denture to Replace Newly Extracted Natural Tooth
Procedure 751	Repair Broken Denture Base and Replace One Broken Denture Tooth (Maximum Two)
Procedure 752	Each Additional Denture Tooth Replaced on 751 Repair (Maximum Two)
Procedure 753	Replace One Broken Denture Tooth Only (Complete or Partial)
Procedure 756	Each Additional Natural Tooth Replaced on 755 Repair (Maximum Two)
Procedure 757	Add a New or Replace Broken Chrome Cobalt Assembled Wrought Clasp with Two Clasp Arms and Rest to an Existing 702 Partial Denture
Procedure 758	Each Additional New or Replacement Clasp for Repair 757 (Maximum Two)
Procedure 759	Add a New or Replace Broken Chrome Cobalt Assembled Wrought Clasp with Two Clasp Arms and No Rest to an Existing 708 Partial Denture

Denti-Cal Procedure Codes for Emergency Services	
Procedure 760	Each Additional New or Replacement Clasp for Repair 759 (Maximum Two)
Procedure 761	Reattaching Clasp on Partial Denture, Clasp Intact, Each (Maximum Two)
Procedure 762	Add a New Clasp or Replace a Broken Cast Chrome Cobalt Clasp With Two Clasp Arms and Rest to an Existing 703 Partial Denture
Procedure 763	Each Additional New or Replacement Clasp for Repair 762 (Maximum Two)
Procedure 900	Maxilla - Open Reduction, Simple
Procedure 901	Maxilla - Closed Reduction, Simple
Procedure 902	Mandible - Open Reduction, Simple
Procedure 903	Mandible - Closed Reduction, Simple
Procedure 904	Maxilla - Closed Reduction, Compound
Procedure 905	Maxilla - Open Reduction, Compound
Procedure 906	Mandible - Closed Reduction, Compound
Procedure 907	Mandible - Open Reduction, Compound
Procedure 913	Reduction of Dislocation of Temporomandibular Joint
Procedure 915	Treatment of Malar Fracture, Simple, Closed Reduction
Procedure 916	Treatment of Malar Fracture, Simple or Compound Depressed, Open Reduction

The following procedure codes will always be exempt from the limitation:

Denti-Cal Nonemergency Procedure Codes	
Procedure 299	Unlisted Surgical Service or Procedure
Procedure 700	Complete Maxillary Denture
Procedure 701	Complete Mandibular Denture
Procedure 702	Partial Upper or Lower Denture With Two Assembled Wrought Wire or Cast Chrome Cobalt Clasps With Occlusal Rests and Necessary Teeth, Acrylic Base
Procedure 703	Partial Upper or Lower Denture With Cast Chrome Skeleton, Two Cast Clasps, and Necessary Teeth
Procedure 704	Clasp, Third and Each Additional Clasp for Procedure 703
Procedure 705	Stressbreaker, Extra
Procedure 706	Partial Upper or Lower Stayplate, Acrylic Base Fee, Teeth and Clasps Extra
Procedure 708	Partial Upper or Lower Denture, All Acrylic With Two Assembled Wrought Wire Clasps having Two Clasp Arms, But No Rests, and Necessary Teeth
Procedure 709	Clasp, Third and Each Additional for Procedure 708
Procedure 712	Clasp, Third and Each Additional for Procedure 702

Denti-Cal Nonemergency Procedure Codes	
Procedure 716	Clasp or Teeth, Each for Procedure 706
Procedure 720	Denture Adjustment, Per Visit
Procedure 721	Reline Office, Cold Cure
Procedure 722	Reline Laboratory Processed
Procedure 723	Tissue Conditioning, Per Denture
Procedure 724	Denture Duplication ("Jump", "Reconstruction"), Denture Base Including Necessary Tooth Replacement, Per Denture
Procedure 960	Speech appliance, transitional, with or without pharyngeal extension
Procedure 962	Speech appliance, permanent, edentulous, with or without pharyngeal extension
Procedure 964	Speech appliance, permanent, partially edentulous, cast framework, with or without pharyngeal extension
Procedure 966	Palatal lift, interim
Procedure 968	Palatal lift, permanent cast framework
Procedure 970	Obturator, immediate surgical, routine
Procedure 971	Obturator, immediate surgical, complex
Procedure 972	Obturator, permanent, complex
Procedure 973	Resection prosthesis, permanent, edentulous, complex
Procedure 974	Resection prosthesis, permanent, edentulous, routine
Procedure 975	Resection prosthesis, permanent, partially edentulous, complex
Procedure 976	Repositioner, mandibular, two piece
Procedure 977	Removable facial prosthesis
Procedure 978	Splints and stents
Procedure 979	Radiation therapy fluoride carrier
Procedure 980	Repairs, maxillofacial prosthesis
Procedure 981	Rebase, laboratory processed maxillofacial prosthesis
Procedure 982	Balancing (opposing) maxillofacial appliance
Procedure 985	Maxillofacial surgical procedures
Procedure 998	Unlisted therapeutic service
Procedure 999	Unlisted procedures

All other aid codes and procedure codes will be subject to the $1,800 calendar year limitation.

The Interactive Voice Response (IVR) System will be upgraded to provide an automated response to current dental limitation amounts.

If there are any questions, please call Denti-Cal at (800) 423-0507.

California Medi-Cal Dental Program

Denti-Cal Bulletin

VOLUME 21, NUMBER 37 P.O. BOX 15609 SACRAMENTO, CALIFORNIA 95852-0609 NOVEMBER 2005

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) FLASH

Highlights and News

- Implementation of Current Dental Terminology (CDT) is being delayed pending the final filing of regulations and the implementation of the $1,800 cap on dental services. As a result, CDT-4 training sessions and the distribution of the Manual of Criteria (MOC) and Schedule of Maximum Allowances (SMA) related to the implementation of CDT-4 codes are also postponed.
- Look for updated information in future bulletins.

Important Reminders

CDT

- CDT codes are not currently accepted by Denti-Cal and are considered invalid. Any claim service line (CSL) submitted with an invalid procedure code or a blank procedure code field will be denied.

NPI

- Eligible providers will be required to obtain a National Provider Identifier (NPI) to use on all covered dental transactions. For more information about the NPI and/or the NPI enrollment application process, please visit the Web site for Centers for Medicare and Medicaid Services (CMS) at www.cms.hhs.gov/hipaa/hipaa2/regulations/identifiers/default.asp.
- Once the NPI is implemented nationally, providers will be able to utilize the NPI for all public and private payers.
- The compliance date for Denti-Cal providers, dental plans, and clearinghouses is May 23, 2007.
- Providers must continue using their existing provider numbers for all Denti-Cal transactions until notified otherwise.

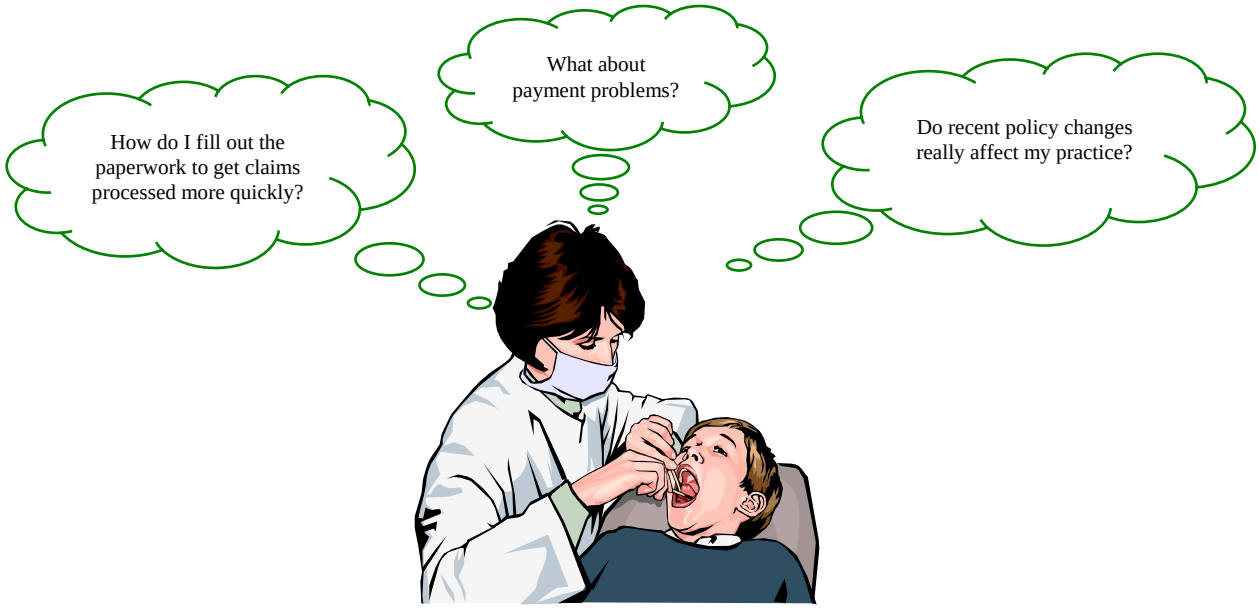
If there are any questions, please contact Denti-Cal at (800) 423-0507.

California Medi-Cal Dental Program

Denti-Cal Bulletin

VOLUME 21, NUMBER 38 P.O. BOX 15609 SACRAMENTO, CALIFORNIA 95852-0609 NOVEMBER 2005

SEMINAR SCHEDULE FOR FIRST QUARTER, 2006



Basic Seminars

- Introduction to California Medi-Cal Dental Program
- Enrollment and Eligibility
- Proper Billing Procedures

Workshops

- Enrollment and Eligibility
- Criteria and Current Changes
- Hands-On Forms Completion
- HIPAA Informational Updates

Advanced Seminars

- Criteria Presented *by* a Dentist *for* Dentists and Staff
- View Actual Treatment Slides

ABOUT THE SEMINARS AND WORKSHOPS

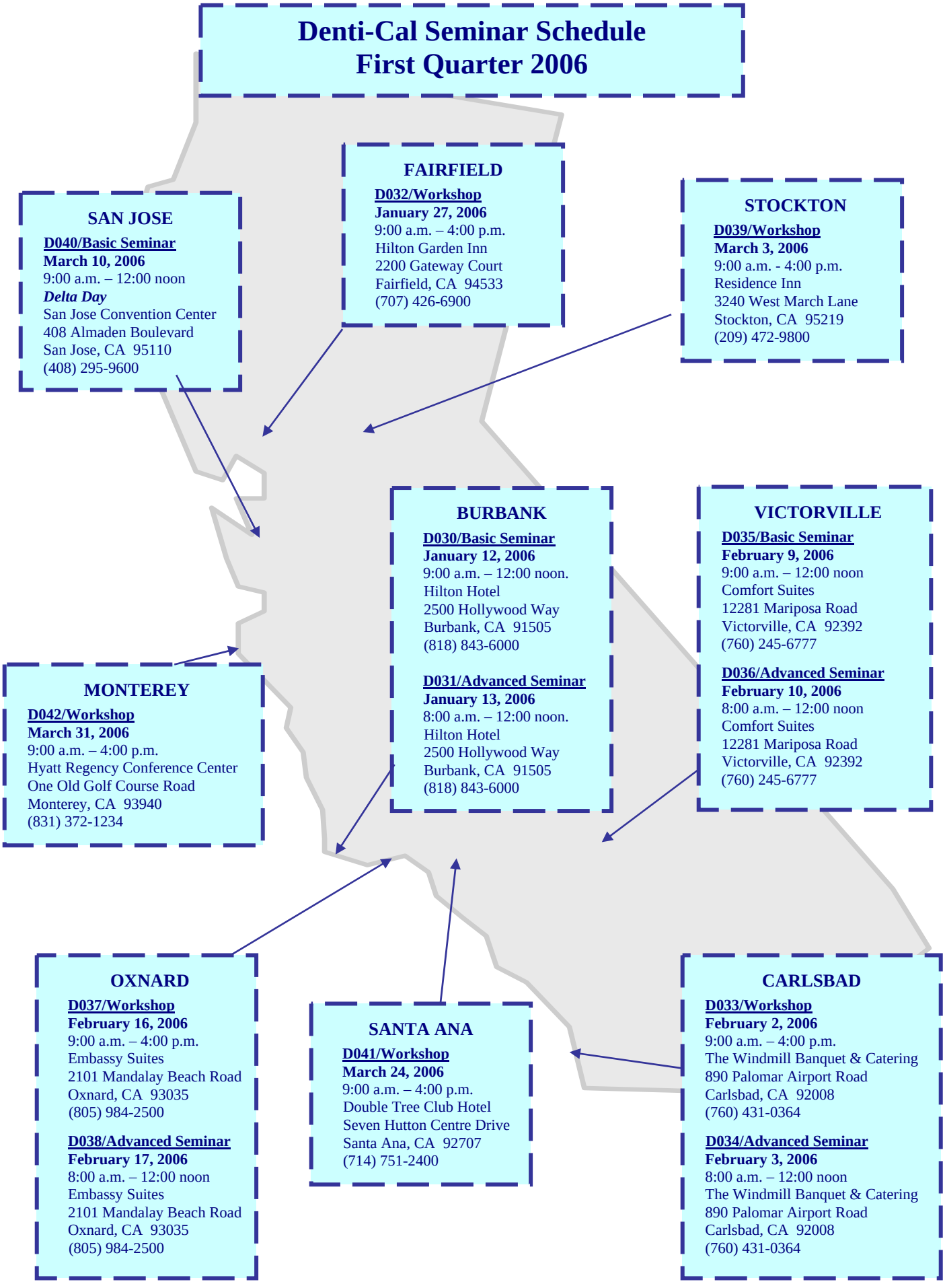
- Seminars and workshops are offered *free of charge*.
- Sessions begin *on time*, so arrive early.
- Bring your updated *Denti-Cal Provider Manual* to get the most from the training.
- Audio/video recording is not allowed.
- Billing information is subject to change.
- Reservations ensure that a space is available for you! Likewise, please let us know if you are unable to attend.
- Continuing education credits are available:

Basic Seminars	3 CE credits
Advanced Seminars	4 CE credits
Workshops	6 CE credits

- Some facilities may charge for parking.
- The use of cell phones during the seminar is strongly discouraged. If you must be available for calls, please be courteous and set the ringer on vibrate.

For additional information, questions and to register, please phone Denti-Cal toll free at 800/423-0507.

Denti-Cal Seminar Schedule
First Quarter 2006



SAN JOSE
D040/Basic Seminar
March 10, 2006
9:00 a.m. – 12:00 noon
Delta Day
San Jose Convention Center
408 Almaden Boulevard
San Jose, CA 95110
(408) 295-9600

FAIRFIELD
D032/Workshop
January 27, 2006
9:00 a.m. – 4:00 p.m.
Hilton Garden Inn
2200 Gateway Court
Fairfield, CA 94533
(707) 426-6900

STOCKTON
D039/Workshop
March 3, 2006
9:00 a.m. - 4:00 p.m.
Residence Inn
3240 West March Lane
Stockton, CA 95219
(209) 472-9800

BURBANK
D030/Basic Seminar
January 12, 2006
9:00 a.m. – 12:00 noon.
Hilton Hotel
2500 Hollywood Way
Burbank, CA 91505
(818) 843-6000

D031/Advanced Seminar
January 13, 2006
8:00 a.m. – 12:00 noon.
Hilton Hotel
2500 Hollywood Way
Burbank, CA 91505
(818) 843-6000

VICTORVILLE
D035/Basic Seminar
February 9, 2006
9:00 a.m. – 12:00 noon
Comfort Suites
12281 Mariposa Road
Victorville, CA 92392
(760) 245-6777

D036/Advanced Seminar
February 10, 2006
8:00 a.m. – 12:00 noon
Comfort Suites
12281 Mariposa Road
Victorville, CA 92392
(760) 245-6777

MONTEREY
D042/Workshop
March 31, 2006
9:00 a.m. – 4:00 p.m.
Hyatt Regency Conference Center
One Old Golf Course Road
Monterey, CA 93940
(831) 372-1234

OXNARD
D037/Workshop
February 16, 2006
9:00 a.m. – 4:00 p.m.
Embassy Suites
2101 Mandalay Beach Road
Oxnard, CA 93035
(805) 984-2500

D038/Advanced Seminar
February 17, 2006
8:00 a.m. – 12:00 noon
Embassy Suites
2101 Mandalay Beach Road
Oxnard, CA 93035
(805) 984-2500

SANTA ANA
D041/Workshop
March 24, 2006
9:00 a.m. – 4:00 p.m.
Double Tree Club Hotel
Seven Hutton Centre Drive
Santa Ana, CA 92707
(714) 751-2400

CARLSBAD
D033/Workshop
February 2, 2006
9:00 a.m. – 4:00 p.m.
The Windmill Banquet & Catering
890 Palomar Airport Road
Carlsbad, CA 92008
(760) 431-0364

D034/Advanced Seminar
February 3, 2006
8:00 a.m. – 12:00 noon
The Windmill Banquet & Catering
890 Palomar Airport Road
Carlsbad, CA 92008
(760) 431-0364

DENTI-CAL PROVIDER TRAINING SEMINAR RESERVATION FORM

TYPE OF SEMINAR:

☐ Basic Seminar
(Seminar Code Number:_____)

☐ Workshop
(Seminar Code Number:_____)

☐ Advanced Seminar
(Seminar Code Number:_____)

Seating for all seminars is limited, so reserve your place today by returning this reservation form in the enclosed envelope to Denti-Cal. Be sure to include the seminar code number and indicate the names of staff who will be attending. Denti-Cal is unable to confirm your reservation by mail, so be sure to note the date and time on your calendar. ***To help us keep administrative costs down and continue to offer you free educational seminars, we request that you notify Denti-Cal toll-free at (800) 423-0507 in the event you need to cancel your reservation.***

PLEASE TYPE OR PRINT CLEARLY

Yes, I/my office staff wish to attend the Denti-Cal provider training seminar(s) indicated above. The name(s) of the person(s) attending are:

1._____ 4._____

2._____ 5._____

3._____ 6._____

In the area below, please type or print the dentist's name and office address:

_____ Provider No.:_____

_____

_____ Phone No.:_____

_____

California Medi-Cal Dental Program

Denti-Cal Bulletin

VOLUME 21, NUMBER 39 P.O. BOX 15609 SACRAMENTO, CALIFORNIA 95852-0609 DECEMBER 2005

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) FLASH

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Important Reminders

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NPI

- Eligible providers will be required to obtain a National Provider Identifier (NPI) to use on all covered dental transactions. For more information about the NPI and/or the NPI enrollment application process, please visit the Web site for Centers for Medicare and Medicaid Services (CMS) at www.cms.hhs.gov/hipaa/hipaa2/regulations/identifiers/default.asp.
- Once the NPI is implemented nationally, providers will be able to utilize the NPI for all public and private payers.
- The compliance date for Denti-Cal providers, dental plans, and clearinghouses is May 23, 2007.
- Providers must continue using their existing provider numbers for all Denti-Cal transactions until notified otherwise.

PAPER COPIES AND PRINTS OF DIGITIZED RADIOGRAPHS

Denti-Cal continues to receive numerous paper copies and prints of digitized radiographs that do not properly identify the beneficiary, the date the radiograph was originally taken, or the teeth/area in question. *This leads to processing delays as well as denial of treatment.*

Providers are reminded that submitted paper copies and digitized prints of radiographs must conform to the following specifications:

- They must be properly dated with the mm/dd/yy the radiograph was originally taken. This date must be clearly discernable from other dates appearing on the same copy such as the date the copy was made or printed, or dates of previously stored digitized images.
- They must be properly labeled with both the beneficiary's name and the provider's name.
- Copies or digitized prints of full mouth series radiographs and panographic films must be labeled "right" and "left." Copies of individual films or groups of films less than a full mouth series, should have the individual tooth numbers clearly identified.
- They must be of diagnostic quality. Many of the copies/prints Denti-Cal receives have poor image quality as a result of poor density, contrast, sharpness, or resolution, and are, therefore, non-diagnostic. The image size should be the size of a standard radiographic film or larger. By reducing the image to be smaller than the size of a standard radiographic film, the diagnostic quality is compromised.

Providers should review copies/prints before submitting to Denti-Cal to ensure the images are of diagnostic quality.

ELECTRONIC DATA INTERCHANGE (EDI) NEWS - ENROLLMENT INFORMATION

For an EDI Enrollment Packet, please contact Provider Services toll-free at (800) 423-0507. For an EDI How-To Guide or for other information on submitting Denti-Cal claims and Treatment Authorization Requests (TARs) electronically, please call (916) 853-7373 and ask for EDI Support.

REMINDER: UPCOMING DENTI-CAL SEMINARS

In January 2006, these seminars are offered. If in your area, please consider attending, then phone Denti-Cal toll-free at (800) 423-0507 to make a reservation:

January 12, 2006	D030/Basic Seminar	Burbank
January 13, 2006	D031/Advanced Seminar	Burbank
January 27, 2006	D032/Workshop	Fairfield

Check Denti-Cal Bulletin Volume 21, Number 38 for specifics about these and other seminars.

NO CLAIM ACTIVITY FOR 12 MONTHS

Providers who have had no claim activity (submitting no claims or requesting reimbursement) in a 12-month period shall be deactivated per Welfare and Institutions Code Section 14043.62 which reads as follows:

> "The department shall deactivate, immediately and without prior notice, the provider numbers used by a provider to obtain reimbursement from the Medi-Cal program when warrants or documents mailed to a provider's mailing address or its pay to address, if any, or its service or business address, are returned by the United States Postal Service as not deliverable or when a provider has not submitted a claim for reimbursement from the Medi-Cal program for one year. Prior to taking this action the department shall use due diligence in attempting to contact the provider at its last known telephone number and ascertain if the return by the United States Postal Service is by mistake or shall use due diligence in attempting to contact the provider by telephone or in writing to ascertain whether the provider wishes to continue to participate in the Medi-Cal program. If deactivation pursuant to this section occurs, the provider shall meet the requirements for reapplication as specified in this article or the regulations adopted thereunder."

If you have not treated any Medi-Cal patients within a 12-month period your Medi-Cal Dental Program provider number will be deactivated. If you wish to remain an active provider in the Medi-Cal Dental Program, complete the form below and mail to: Post Office Box 15609, Sacramento, CA 95852-0609. If the form is not received by Denti-Cal prior to the end of the 12-month period, your provider number will be deactivated. If your provider number is deactivated, you must reapply for enrollment in the Medi-Cal Dental Program. To request an enrollment package contact Denti-Cal toll free at (800) 423-0507.

Yes, I wish to remain a provider in the California Medi-Cal Dental Program because _____

_____.

Check the boxes that apply to your practice:

- ☐ AHK (Alameda Healthy Kids)
- ☐ CCS (California Children's Services)
- ☐ DMC (Dental Managed Care) Plan Name: _____
- ☐ FQHC/RHC (Federally Qualified Health Clinic/Rural Health Clinic)
- ☐ GHPP (Genetically Handicapped Persons Program)
- ☐ GMC (Geographic Managed Care) Plan Name: _____
- ☐ HFP (Healthy Families Program)

Provider Name	Provider Number	Provider Signature
_____	_____	_____

If there are any questions, please contact Denti-Cal at (800) 423-0507.

California Medi-Cal Dental Program

Denti-Cal Bulletin

VOLUME 21, NUMBER 40 P.O. BOX 15609 SACRAMENTO, CALIFORNIA 95852-0609 DECEMBER 2005

FIVE PERCENT (5%) PROVIDER PAYMENT REDUCTION

Effective for dates of service on or after January 1, 2006, Medi-Cal is reducing payments for all services by five percent (5%) in accordance with the directives contained in AB 1735, Chapter 719 (Statutes of 2005). Further, in accordance with this statute, rate reductions will remain in effect until January 1, 2007.

Claims and Notices of Authorization (NOAs) received for payment on or after January 1, 2006, with dates of service December 31, 2005 and before, will be paid at the present rate. NOAs with dates of service on or after January 1, 2006 will be paid at the reduced rate. *Providers are reminded to always use their usual, customary, and reasonable (UCR) fees when submitting for payment.*

Services provided through the following programs will be exempt from the payment reduction:

- Breast and Cervical Cancer Early Detection Program
- Breast Cancer Control Program
- California Children's Services (CCS) Program (Medi-Cal and non Medi-Cal)
- Child Health and Disability Prevention (CHDP) Program (Medi-Cal and non Medi-Cal)
- Children Treatment Program (CTP)
- Genetically Handicapped Persons Program (GHPP)

For answers to questions, please call Denti-Cal toll-free at (800) 423-0507.

California Medi-Cal Dental Program

Denti-Cal Bulletin

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ADDITION OF LIMITED DENTAL BENEFITS FOR PREGNANT WOMEN AND CLARIFICATION OF THE SCOPE OF BENEFITS AND SUBMISSION OF CLAIMS FOR EMERGENCY/PREGNANCY-RELATED PROCEDURES

On October 7, 2005, the Governor signed into law Senate Bill (SB) 377, which directed the Department of Health Services to immediately provide coverage of certain non-emergency dental benefits (described below) for pregnant Medi-Cal beneficiaries. Currently these benefits are only available to pregnant women in the following restricted aid codes: 44, 48, 5F, and 58 (see Denti-Cal Bulletin Volume 18, Number 19, released October 2002). Enactment of SB 377 authorizes these same benefits for pregnant women in the following sixteen (16) *additional* aid codes: 0U, 0V, 3T, 3V, 5J, 5R, 5T, 5W, 5Y, 55, 6U, 7C, 7G, 7K, 7N, and 8T.

For dates of service beginning October 7, 2005, a provider may submit a claim for the services already provided. If denied payment for these services, use the Claim Inquiry Form (CIF) process retroactive to October 7, 2005. This applies to the added aid codes only.

The following procedures can now be provided to beneficiaries with Aid Codes 0U, 0V, 3T, 3V, 5J, 5R, 5T, 5W, 5Y, 55, 6U, 7C, 7G, 7K, 7N, and 8T and, as previously indicated, Aid Codes 44, 48, 5F, and 58:

010 Examination, initial episode of treatment only

015 Examination Periodic, effective December 1, 2002, is a benefit once in a six-month period for beneficiaries under age 21, only

049 Prophylaxis, beneficiaries through age 12, once in a six-month period

050 Prophylaxis, effective December 1, 2002, beneficiaries age 13 to 21, once in a six-month period, and 21 years of age and over, once in a twelve-month period

062 Prophylaxis, including topical application of fluoride, beneficiaries age 6 through 17, once in a six-month period

452 Subgingival curettage and root planning per treatment

453 Occlusal adjustment (limited) per quadrant (minor spot grinding)

472 Gingivectomy or gingivoplasty per quadrant

473 Osseus and mucogingival surgery per quadrant

474 Gingivectomy, or gingivoplasty, treatment per tooth (fewer than six teeth)

The following policy will be applied for all claims submitted for the procedures indicated above: If the patient is pregnant and is Aid Code 0U, 0V, 3T, 3V, 44, 48, 5F, 5J, 5R, 5T, 5W, 5Y, 55, 58, 6U, 7C, 7G, 7K, 7N, or 8T, indicate ***"PREGNANT"*** in the "Comments" area (Box 34).

Please note that Treatment Authorization Requests (TARs) are not allowed and may not be submitted for these aid codes. If a TAR is submitted for any of the procedures described for these aid codes, it will be denied – not because the beneficiary is ineligible for the procedure, but because the procedure is already authorized for beneficiaries in these aid codes and there is no TAR process for procedures for these beneficiaries.

For claims requesting Procedures 472 and 473, either a history of Procedure 452 must be on file or the provider must submit documentation explaining why Procedure 452 was not performed prior to these procedures. ***Prior authorization is not allowed nor are radiographs required for these procedures for pregnant women in Aid Codes 0U, 0V, 3T, 3V, 44, 48, 5F, 5J, 5R, 5T, 5W, 5Y, 55, 58, 6U, 7C, 7G, 7K, 7N, or 8T***. However, for Procedures 452, 472, 473 and 474 a complete periodontal chart must be submitted with the claim.

Pregnant women in Aid Codes 0U, 0V, 3T, 3V, 44, 48, 5F, 5J, 5R, 5T, 5W, 5Y, 55, 58, 6U, 7C, 7G, 7K, 7N, or 8T are also eligible to receive emergency dental services. For claims for emergency services, a clinical emergency certification statement and, when applicable, radiographs and/or other documentation to justify the procedure must be submitted. **Simply stating "Pregnant" for emergency procedures is insufficient and the claim will be denied.**

The following procedures are allowable as emergency dental procedures for pregnant women in the following aid codes:

Aid Codes	***Emergency Dental Procedures***
0U, 0V, 3T, 3V, 44, 48, 5F, 5J, 5R, 5T, 5W, 5Y, 55, 58, 6U, 7C, 7G, 7K, 7N, or 8T	020, 030, 035, 040, 080, 110, 111, 113, 114, 115, 116, 117, 118, 125, 150, 160, 200, 201, 202, 203, 204, 220, 230, 231, 232, 259, 260, 261, 262, 263, 264, 265, 266, 269, 270, 271, 273, 276, 277, 278, 279, 280, 281, 282, 290, 292, 299, 300, 301, 400, 451, 501, 502, 503, 511, 512, 513, 530, 531, 600, 601, 602, 603, 611, 612, 613, 614, 640, 641, 645, 646, 648, 670, 671, 672, 685, 686, 687, 690, 694, 695, 696, 716, 720, 721, 723, 750, 751, 752, 753, 754, 755, 756, 757, 758, 759, 760, 761, 762, 763, 900, 901, 902, 903, 904, 905, 906, 907, 913, 915, 916

Note: These emergency dental procedures are also available to men, children, and non-pregnant women whose Medi-Cal coverage is limited to "emergency services only." **Providers are also reminded that emergency root canal procedures are *only* allowed if the tooth is totally avulsed or there is a fracture of a coronal portion of a permanent tooth, exposing the vital pulpal tissue.**

When the procedures listed above are provided for patients in one of the above aid codes (regardless of whether they are pregnant), an emergency certification statement

is always required. This statement must be either entered in the "Comments" area (Box 34) on the claim form or attached to the claim. It must:

(a) Describe the nature of the emergency, including clinical information pertinent to the patient's condition; and

(b) Explain why the emergency services provided were considered immediately necessary.

The statement must be signed by the dentist providing the services (in the "Comments" area or on the attached statement) and must provide enough information to show the existence of an emergency dental condition and need for immediate treatment. **Merely stating an emergency existed or that the patient was in pain is insufficient**. When applicable, necessary documentation and/or radiographs to justify the procedure must be submitted with the claim.

If you have any questions, please call Denti-Cal toll-free at (800) 423-0507.